#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 1 of 64

| Fill in this information to identify your c                    | ase:  |  |
|--|---|--|
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY |   |  |
| Case number (if known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Shabnam government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Baig Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - \underline{5} \underline{2} \underline{6}$ your Social Security number or federal OR OR Individual Taxpayer Identification number 9xx - xx -9xx - xx -(ITIN) Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 2 of 64

| this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Part 2: Tell the Court About Your Bankruptcy Case  Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you are choosing to file under  Chapter 7  Chapter 11  Chapter 12  | Del | btor 1 Shabnam Baig     |  | Case number (if known)  |  |  |
|--|-----|-------------------------|--|---|--|--|
| 5. Where you live    Ein   |     |                         | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| Some   Number   Street   Num   |     |                         | EIN  | EIN   |  |  |
| Bayonne   NJ   07002   City   State   ZiP Code   Hudson   County   If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.   | _   |                         | EIN  |   |  |  |
| Bayonne NJ 07002 City State ZIP Code  Hudson County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  Number Street  P.O. Box  City State ZIP Code  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code  City State ZIP  | 5.  | wnere you live          |  | if Debtor 2 lives at a different address:   |  |  |
| City State ZIP Code  Hudson County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.    Number   Street   |     |                         |  | Number Street   |  |  |
| City State ZIP Code  Hudson County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.    Number   Street   |     |                         | Bayonne N.I 07002  | _   |  |  |
| Founty   Fount   Fou   |     |                         |  | City State ZIP Code   |  |  |
| the one above, fill it in here. Note that the court will send any notices to you at this mailing address.    Number   Street   Number   Street   |     |                         |  | County  |  |  |
| 6. Why you are choosing this district to file for bankruptcy  Check one:  Chec |     |                         | the one above, fill it in here. Note that the court will send any notices to you at this | from yours, fill it in here. Note that the court will send any notices to you at this mailing |  |  |
| City State ZIP Code  City State ZIP Code  Check one:  Check one:  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Check one:  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Check one:  C |     |                         | Number Street  | Number Street   |  |  |
| 6. Why you are choosing this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Part 2: Tell the Court About Your Bankruptcy Case  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Part 2: Tell the Court About Your Bankruptcy Case  Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12   |     |                         | P.O. Box   | P.O. Box  |  |  |
| this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  I have another reason. Explain. (See 28 U.S.C. § 1408.)  Part 2: Tell the Court About Your Bankruptcy Case  Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you are choosing to file under  Chapter 7  Chapter 11  Chapter 12   |     |                         | City State ZIP Code  | City State ZIP Code   |  |  |
| Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.    I have another reason. Explain. (See 28 U.S.C. § 1408.)   I have another reason. Explain. (See 28 U.S.C. § 1408.)  | 6.  | • • •                   | Check one:   | Check one:  |  |  |
| (See 28 U.S.C. § 1408.)  Tell the Court About Your Bankruptcy Case  7. The chapter of the Bankruptcy Code you are choosing to file under  Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12   |     |                         | petition, I have lived in this district longer   | petition, I have lived in this district longer  |  |  |
| 7. The chapter of the Bankruptcy Code you are choosing to file under  Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12   |     |                         |  | ·   |  |  |
| Bankruptcy Code you are choosing to file under  for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12   | P   | art 2: Tell the Court A | About Your Bankruptcy Case   |   |  |  |
| under  Chapter 7  Chapter 11  Chapter 12   | 7.  | -                       |  |   |  |  |
| Chapter 11  Chapter 12   |     | are choosing to file    |  |   |  |  |
| Chapter 12   |     | unuoi                   | Chapter 44   |   |  |  |
|  |     |                         | Charter 40   |   |  |  |
|  |     |                         | <b>—</b>   |   |  |  |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 3 of 64

| Deb | otor 1                     | Shabnam Baig                           |      |                         |  | Case nu                                  | mber (if known)   |   |
|-----|----------------------------|--|------|-------------------------|--|--|---|---|
| 8.  | How y                      | ou will pay the fee                    |      | court<br>pay v          | pay the entire fee when I file my per<br>t for more details about how you may<br>with cash, cashier's check, or money o<br>llf, your attorney may pay with a credit                              | pay. Typica<br>order. If you             | ally, if you are pay<br>ur attorney is sub                    | ring the fee yourself, you may mitting your payment on your |
|     |                            |  |      |                         | ed to pay the fee in installments. If y iduals to Pay The Filing Fee in Installi   |  |   | and attach the Application for                              |
|     |                            |  |      | By la<br>than<br>fee in | uest that my fee be waived (You many, a judge may, but is not required to 150% of the official poverty line that an installments). If you choose this opting Fee Waived (Official Form 103B) and | , waive your applies to you tion, you mu | fee, and may do<br>our family size an<br>ast fill out the App | so only if your income is less d you are unable to pay the  |
| 9.  | -                          | ou filed for                           |      | No                      |  |  |   |   |
|     | bankruptcy<br>last 8 years | ruptcy within the<br>3 years?          |      | Yes.                    |  |  |   |   |
|     |                            |  | Dist | ict _                   |  | Wher                                     | n<br>MM / DD / YYYY   | Case number   |
|     |                            |  | Dist | rict _                  |  | Wher                                     |   | Case number   |
|     |                            |  | Dist | rict _                  |  | Wher                                     |   | Case number   |
| 10  | Δre an                     | y bankruptcy                           | V    | No                      |  |  | MM / DD / YYYY  |   |
|     | cases                      | pending or being                       |      | Yes.                    |  |  |   |   |
|     |                            | y a spouse who is<br>ng this case with |      |                         |  |  | Dalatianak  | de de com   |
|     | •                          | r by a business<br>r, or by an         | Deb  | _                       |  |  |   | ·   |
|     | affiliat                   | •                                      | Dist | ict _                   |  | Wher                                     | MM / DD / YYYY  | Case number,if known  |
|     |                            |  | Deb  | tor                     |  |  | Relationsh  | nip to you  |
|     |                            |  | Dist | rict                    |  |  |   | Case number,  |
|     |                            |  |      | _                       |  |  | MM / DD / YYYY  |   |
| 11. | Do you<br>reside           | u rent your<br>nce?                    |      | No.<br>Yes.             | Go to line 12.<br>Has your landlord obtained an evict  | tion judgmer                             | nt against you?   |   |
|     |                            |  |      |                         | <ul><li>No. Go to line 12.</li><li>☐ Yes. Fill out Initial Statement A and file it as part of this bankru</li></ul>  |  | •   | Against You (Form 101A)                                     |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 4 of 64

| Deb | tor 1 Shabnam Baig   |          |                            |   |   | _ Case number  | er (if known)  |  |   |
|-----|--|----------|----------------------------|---|---|--|--|--|---|
| Pa  | art 3: Report About Ar   | ny B     | usine                      | sses You Own as   | a Sole P  | roprietor  |  |  |   |
| 12. | Are you a sole proprietor of any full- or part-time business?  | <u> </u> |                            | Go to Part 4.<br>Name and location of b   | ousiness  |  |  |  |   |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |          |                            | Name of business, if any  Number Street   |   |  |  |  |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  |          |                            | Single Asset Rea Stockbroker (as of   | iness (as d<br>al Estate (a<br>defined in<br>er (as defir | scribe your busine<br>defined in 11 U.S.C<br>as defined in 11 U.<br>11 U.S.C. § 101(5)<br>ned in 11 U.S.C. § | C. § 101(27A))<br>S.C. § 101(51B<br>3A))               | ZIP Co   | ode   |
| 13. | 3. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?    |          | oosing<br>a sma<br>st rece | filing under Chapter 11, to proceed under Subch II business debtor or you nt balance sheet, staten f these documents do not I am not filing under C | napter V so<br>u are choo<br>nent of ope<br>ot exist, fo  | o that it can set app<br>sing to proceed ur<br>erations, cash-flow<br>llow the procedure                     | oropriate deadli<br>nder Subchapte<br>v statement, and | <i>nes.</i> If you<br>r V, you m<br>d federal in | u indicate that you<br>lust attach your<br>ncome tax return |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).   |          | No.                        | I am filing under Chap<br>the Bankruptcy Code.  | ter 11, but   | I am NOT a small   | l business debto                                       | or accordir                                      | ng to the definition in                                     |
|     |  |          | Yes.                       | I am filing under Chap<br>Bankruptcy Code, and  |   |  |  | -  |   |
|     |  |          | Yes.                       | I am filing under Chap<br>Bankruptcy Code, and  |   |  | -  | -  | , ,   |
| Pa  | Report If You Ov   | vn o     | r Hav                      | e Any Hazardous I   | Property  | or Any Prope   | erty That Ne   | eds Imm  | nediate Attention   |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or                |          | No<br>Yes.                 | What is the hazard?   |   |  |  |  |   |
|     | safety? Or do you own any property that needs immediate attention?   |          |                            | If immediate attention  | is needed   | , why is it needed?  | ?  |  |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                |          |                            | Where is the property   | ?<br>Number   | Street   |  |  |   |
|     |  |          |                            |   | City  |  |  | State  | ZIP Code  |
|     |  |          |                            |   | Oity  |  |  | Siaid  | ZIF COUR  |

| Del | otor 1 Shabnam I   | Baig  |  | Case number (if kn  | own)   |  |
|-----|--|---|--|---|--|--|
| Р   | art 5: Explain   | Your Efforts to Re  | eceive a Briefing About Credi  | t Counseling  |  |  |
| 15. | Tell the court whether you have received a briefing about credit counseling.   | counseling age  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a   | You must check on I received a briccounseling age   | efing from an approved credit<br>ency within the 180 days before I<br>uptcy petition, and I received a   |  |
|     | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following shoices. | plan, if any, that  I received a brie counseling age filed this bankru a certificate of c | the certificate and the payment you developed with the agency.  If ing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have completion.  If the you file this bankruptcy petition, copy of the certificate and payment | Attach a copy of the certificate and the payr plan, if any, that you developed with the age I received a briefing from an approved crecounseling agency within the 180 days be filed this bankruptcy petition, but I do not a certificate of completion.  Within 14 days after you file this bankruptcy you MUST file a copy of the certificate and plan, if any.   |  |  |
|     | following choices. If you cannot do so, you are not eligible to file.  If you file anyway, the court can   | ☐ I certify that I as<br>services from a<br>unable to obtain<br>days after I mad          | sked for credit counseling<br>n approved agency, but was<br>n those services during the 7<br>le my request, and exigent<br>merit a 30-day temporary<br>quirement.  | ☐ I certify that I a<br>services from a<br>unable to obtai<br>days after I ma   | sked for credit counseling<br>an approved agency, but was<br>n those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary                             |  |
|     | the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.                       | To ask for a 30-c requirement, atta efforts you made were unable to o                     | day temporary waiver of the ach a separate sheet explaining what to obtain the briefing, why you btain it before you filed for what exigent circumstances  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining wh efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. |  |  |
|     |  | dissatisfied with   | e dismissed if the court is your reasons for not receiving a outlied for bankruptcy.   |   |  |  |
|     |  | still receive a bri<br>You must file a c<br>along with a copy                             | isfied with your reasons, you must efing within 30 days after you file. ertificate from the approved agency, y of the payment plan you y. If you do not do so, your case dd.   | still receive a br<br>You must file a c<br>along with a cop   | tisfied with your reasons, you must iefing within 30 days after you file. certificate from the approved agency, by of the payment plan you y. If you do not do so, your case ed. |  |
|     |  | · · · · · · · · · · · · · · · · · · ·   | the 30-day deadline is granted only limited to a maximum of 15 days.   | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |  |  |
|     |  | ☐ I am not require<br>credit counselir  | d to receive a briefing about  | ☐ I am not require<br>credit counseli   | ed to receive a briefing about ng because of:  |  |
|     |  | ☐ Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | ☐ Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |  |
|     |  | ☐ Disability.   | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   | ☐ Disability.   | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                 |  |
|     |  | Active duty.  | I am currently on active military duty in a military combat zone.  | ☐ Active duty   | <ul> <li>I am currently on active military<br/>duty in a military combat zone.</li> </ul>  |  |
|     |  | If you believe yo   | u are not required to receive a  | If you believe yo   | ou are not required to receive a   |  |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 6 of 64

| Deb                              | otor 1   | Shabnam Baig  |           |                                     |   |        | Case number (if  | know   | n)   |
|----------------------------------|--|---|-----------|-------------------------------------|---|--------|--|--------|--|
| P                                | art 6:   | Answer These Q  | uesti     | ons for                             | Reporting Pu                                  | rpos   | ses  |        |  |
| 16.                              | What ki<br>have?                                       | nd of debts do you  | 16a.      | as "incu                            | -   |        | sumer debts? Consumer de imarily for a personal, family,   |        | re defined in 11 U.S.C. § 101(8)<br>usehold purpose."  |
|                                  |  |   | 16b.      | money No                            |   | -      | iness debts? Business debt<br>ment or through the operation  |        | debts that you incurred to obtain e business or investment.  |
|                                  |  |   | 16c.      | State th                            | ne type of debts yo                           | ou owe | e that are not consumer or bus   | siness | s debts.   |
| 17. Are you filing<br>Chapter 7? |  |   |           | No. Ia                              | m not filing under                            | Chap   | ter 7. Go to line 18.  |        |  |
|                                  | any exe<br>exclude<br>adminis<br>are paid<br>available | estimate that after<br>empt property is<br>ed and<br>strative expenses<br>d that funds will be<br>le for distribution<br>cured creditors? | $\square$ |                                     | ministrative expe                             | •      | •  | -      | xempt property is excluded and to distribute to unsecured creditors?   |
| 18.                              |  | any creditors do<br>imate that you  |           | 1-49<br>50-99<br>100-199<br>200-999 |   |        | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |        | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.                              |  | uch do you<br>e your assets to<br>h?  |           |                                     |   |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20.                              |  | uch do you<br>e your liabilities to   |           | \$100,001                           | 00<br>\$100,000<br>-\$500,000<br>-\$1 million |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 7 of 64

| Debtor 1 | Shabnam Baig |  | Case number (if known)  |  |  |  |
|----------|--------------|--|---|--|--|--|
| Part 7:  | Sign Below   |  |   |  |  |  |
| For you  |              | I have examined this petition, and I declarand correct.  | are under penalty of perjury that the information provided is true  |  |  |  |
|          |              | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |  |  |
|          |              | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |   |  |  |  |
|          |              | I request relief in accordance with the ch   | apter of title 11, United States Code, specified in this petition.  |  |  |  |
|          |              | •  | concealing property, or obtaining money or property by fraud in esult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571. |  |  |  |
|          |              | X /s/ Shabnam Baig Shabnam Baig, Debtor 1  | XSignature of Debtor 2  |  |  |  |
|          |              | Executed on 11/30/2022<br>MM / DD / YYYY   | Executed on MM / DD / YYYY  |  |  |  |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 8 of 64

| Debtor 1 Shab   | nam Baig |   |  | Case number (if knowr        | n) |
|---|----------|---|--|------------------------------|----|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. |          | gibility to proceed und<br>lief available under ea<br>e debtor(s) the notice                          | e informed the debtor(s) about<br>ates Code, and have explained the<br>o certify that I have delivered to<br>which § 707(b)(4)(D) applies,<br>ne schedules filed with the petition |                              |    |
|   |          | /s/ Ryan Gentile<br>Signature of Attorne  | Date   | 11/30/2022<br>MM / DD / YYYY |    |
|   |          | Ryan Gentile Printed name  Law Offices of General Firm Name  110 Jericho Turn Number Stree  Suite 100 | •  | PC                           |    |
|   |          | Floral Park City  |  | NY<br>State                  |    |
|   |          | Contact phone (21)  | 2) 675-6161  | Email address                |    |

Bar number

State

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 9 of 64

| Fill in this inform   | •   | Da!-  | 1   |   |
|---|---|---|---|---|
|   | <b>abnam</b><br>It Name Mic   | Baig  ddle Name Last Name   |   |   |
| Debtor 2  |   |   |   |   |
| (Spouse, if filing) First   | i Name Mid  | ddle Name Last Name   |   |   |
| United States Bankrup   | ptcy Court for the: DI  | ISTRICT OF NEW JERSEY   |   |   |
| Case number (if known)  |   |   | ☐ Check   | k if this is an   |
| (li Kilowii)  |   |   | amen  | ded filing  |
| Official Form 10  | NE A /R   |   |   |   |
|   |   |   |   | 42/45   |
| Schedule A/B:   | Property  |   |   | 12/15   |
| Part 1: Descri  |   | nce, Building, Land, or Other Real E  |   | - un mico. oot m  |
| 1. Do you own or ha   | ave any legal or equi   | itable interest in any residence, building, la  |   | <u> </u>  |
| 1. Do you own or ha   | ave any legal or equi   |   |   | <u> </u>  |
| 1. Do you own or ha  No. Go to Pa  Yes. Where i   | ave any legal or equi   | itable interest in any residence, building, la  What is the property?   | nd, or similar property?  Do not deduct secured cla   | aims or exemptions. Put th  |
| 1. Do you own or ha   | ave any legal or equi<br>art 2.<br>is the property?   | What is the property?  Check all that apply.  | nd, or similar property?  | aims or exemptions. Put th<br>aims on <i>Schedule D:</i>  |
| 1. Do you own or ha  No. Go to Pa Yes. Where i  1.1.  22 East 4th Street  | ave any legal or equi<br>art 2.<br>is the property?   | itable interest in any residence, building, la  What is the property?   | nd, or similar property?  Do not deduct secured cla amount of any secured cla   | aims or exemptions. Put th<br>aims on <i>Schedule D:</i>  |
| 1. Do you own or ha  No. Go to Pa  Yes. Where it  1.1.  22 East 4th Street  Street address, if available, of                              | ave any legal or equi<br>art 2.<br>is the property?<br>or other description                           | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | nd, or similar property?  Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the   | aims or exemptions. Put th<br>aims on <i>Schedule D:</i><br>ms Secured by Property.<br>Current value of the   |
| 1. Do you own or ha  No. Go to Pa Yes. Where i  1.1.  22 East 4th Street  | ave any legal or equi<br>art 2.<br>is the property?<br>or other description                           | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative  | nd, or similar property?  Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property?  | aims or exemptions. Put th aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00   |
| 1. Do you own or ha  No. Go to Pa Yes. Where it  1.1.  22 East 4th Street  Street address, if available, of  Bayonne City                 | ave any legal or equi<br>art 2.<br>is the property?<br>or other description                           | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare   | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sim   | aims or exemptions. Put th aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership nple, tenancy by the                 |
| 1. Do you own or ha  No. Go to Pa Yes. Where it  1.1.  22 East 4th Street  Street address, if available, of                               | ave any legal or equi<br>art 2.<br>is the property?<br>or other description                           | what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of ye  | aims or exemptions. Put the aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership onle, tenancy by the                |
| 1. Do you own or ha  No. Go to Pa Yes. Where in  1.1.  22 East 4th Street  Street address, if available, of  Bayonne  City  Hudson        | ave any legal or equi<br>art 2.<br>is the property?<br>or other description  NJ 07002  State ZIP Code | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property?   | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sime entireties, or a life estated.   | aims or exemptions. Put the aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership onle, tenancy by the                |
| 1. Do you own or ha  No. Go to Pa Yes. Where in  1.1.  22 East 4th Street  Street address, if available, of  Bayonne City  Hudson  County | ave any legal or equi<br>art 2.<br>is the property?<br>or other description  NJ 07002  State ZIP Code | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only  | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sin entireties, or a life estate Residence  Check if this is comi   | aims or exemptions. Put the aims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership nple, tenancy by the e), if known.  |
| No. Go to Pa No. Go to Pa Yes. Where in  1.1.  22 East 4th Street  Street address, if available, of  Bayonne  City  Hudson  County        | ave any legal or equi<br>art 2.<br>is the property?<br>or other description  NJ 07002  State ZIP Code | itable interest in any residence, building, la  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sim entireties, or a life estate Residence  | aims or exemptions. Put the aims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership nple, tenancy by the e), if known.  |
| 1. Do you own or ha  No. Go to Pa Yes. Where in  1.1.  22 East 4th Street  Street address, if available, of  Bayonne City  Hudson  County | ave any legal or equi<br>art 2.<br>is the property?<br>or other description  NJ 07002  State ZIP Code | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only  | Do not deduct secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sim entireties, or a life estate  Residence  Check if this is come (see instructions)                           | aims or exemptions. Put the aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership uple, tenancy by the ea), if known. |
| No. Go to Pa No. Go to Pa Yes. Where in  1.1.  22 East 4th Street  Street address, if available, of  Bayonne  City  Hudson  County        | ave any legal or equi<br>art 2.<br>is the property?<br>or other description  NJ 07002  State ZIP Code | itable interest in any residence, building, la  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla amount of any secured cla amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$550,000.00  Describe the nature of y interest (such as fee sim entireties, or a life estate  Residence  Check if this is comm (see instructions) | aims or exemptions. Put the aims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$550,000.00  our ownership uple, tenancy by the ea), if known. |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 10 of 64

| Deb  | tor 1               | Shabnam Ba                       | aig Case number (if known)   |  |
|------|---------------------|----------------------------------|--|--|
| D    | wt 0.               | Deceribe                         | Vaur Vahialaa  |  |
| Pa   | rt 2:               | Describe                         | Your Vehicles  |  |
|      |                     |                                  | re legal or equitable interest in any vehicles, whether they are registered or not? edrives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and |  |
| 3.   | Cars, va            | ans, trucks, tra                 | actors, sport utility vehicles, motorcycles  |  |
|      | ✓ No<br>☐ Yes       |                                  |  |  |
| 4.   |                     | es: Boats, trail                 | notor homes, ATVs and other recreational vehicles, other vehicles, and accessor lers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    |  |
| 5.   |                     |                                  | of the portion you own for all of your entries from Part 2, including any<br>I have attached for Part 2. Write that number here  | \$0.00   |
| Pa   | rt 3:               | Describe                         | Your Personal and Household Items  |  |
| Do y | ou own              | or have any le                   | egal or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.   |                     | old goods and<br>es: Major appli | d furnishings<br>iances, furniture, linens, china, kitchenware   |  |
|      | _                   | . Describe                       | Basic household goods and furnishings  | \$4,500.00   |
| 7.   | Electron<br>Example | es: Televisions                  | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanner ections; electronic devices including cell phones, cameras, media players, games   | s;   |
|      | ✓ No<br>☐ Yes       | . Describe                       |  |  |
| 8.   |                     | •                                | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles   |  |
|      | ✓ No<br>☐ Yes       | . Describe                       |  |  |
| 9.   |                     |                                  | s and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skie d kayaks; carpentry tools; musical instruments                      | 5;   |
|      | ✓ No<br>☐ Yes       | . Describe                       |  |  |
| 10.  | Firearm Example No  |                                  | es, shotguns, ammunition, and related equipment  |  |
|      | _                   | . Describe                       |  |  |
| 11.  | Clothes Example     |                                  | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
|      | ш                   | . Describe                       | Clothing and other wearing apparel   | \$600.00   |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 11 of 64

| Deb | otor 1 Sh                   | habnam Ba                     | aig                                 |  | Cas  | se number (if known)        |  |
|-----|-----------------------------|-------------------------------|-------------------------------------|--|--|-----------------------------|--|
| 12. | <b>Jewelry</b><br>Examples: | : Everyday jo<br>gold, silver | •                                   | e jewelry, engagement                      | rings, wedding rings, heirlo                                 | oom jewelry, watches, gems, |  |
|     | □ No<br>✓ Yes. [            | Describe                      | Custome je                          | welry                                      |  |                             | \$200.00   |
| 13. | -                           |                               | , birds, horses                     |  |  |                             |  |
|     | ✓ No<br>☐ Yes. [            | Describe                      |                                     |  |  |                             | ]  |
| 14. | Any other                   | -                             | nd household                        | items you did not alr                      | eady list, including any he                                  | ealth aids you              |  |
|     | _                           | Give specific                 |                                     |  |  |                             | 7  |
|     | mioni                       | au011                         |                                     |  |  |                             |  |
| 15. |                             |                               |                                     |  | cluding any entries for pa                                   | ges you have                | \$5,300.00   |
| D   | art 4:                      | Doscribo                      | Your Finan                          | cial Assots                                |  |                             |  |
|     | Cash                        | ·                             |                                     | ole interest in any of t                   | the following? a safe deposit box, and on                    | hand when you file your     | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     | ✓ No ☐ Yes                  |                               |                                     |  |  | Cash:                       | ·  |
| 17. | Deposits of Examples:       | Checking,                     | houses, and of                      | · ·  | certificates of deposit; share<br>If you have multiple accou |                             |  |
|     | □ No<br>✓ Yes               |                               |                                     | Institution name:                          |  |                             |  |
|     | 17.1.                       | Checking                      | account:                            | Checking account                           | at BCB Bank  |                             | \$50.00  |
| 18. |                             |                               | , or publicly tr<br>s, investment a |  | e firms, money market acco                                   | punts                       |  |
|     | ✓ No<br>☐ Yes               |                               | Institutio                          | n or issuer name:                          |  |                             |  |
| 19. |                             |                               |                                     | rests in incorporated<br>and joint venture | and unincorporated busin                                     | nesses, including           |  |
|     | _                           | Give specific                 | ;                                   |  |  |                             |  |
|     | them                        |                               | Name of                             | entity:                                    |  | % of ownership:             |  |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 12 of 64

| Deb | tor 1           | Shabnam Baig  |                |                                | Case number (if known)   |            |  |
|-----|-----------------|---|----------------|--------------------------------|--|------------|--|
| 20. | Negot           | rnment and corporate bond iable instruments include per egotiable instruments are the | rsonal checks, | , cashiers' checks, prom       | issory notes, and money orders.  |            |  |
|     | inf             | es. Give specific formation about   | name:          |                                |  |            |  |
| 21. |                 | ment or pension accounts<br>oles: Interests in IRA, ERISA<br>profit-sharing plans     | A, Keogh, 401( | (k), 403(b), thrift savings    | s accounts, or other pension or  |            |  |
|     |                 | es. List each   | account:       | Institution name:              |  |            |  |
| 22. | Your s<br>Examp |   | you have mad   |                                | nue service or use from a company<br>tric, gas, water), telecommunications | S          |  |
|     | ☑ No            |   |                |                                |  |            |  |
| 23. | _               | es<br>ties (A contract for a specifi  |                | stitution name or individuals. | dual:<br>either for life or for a number of year                           | rs)        |  |
| _0. | <b>☑</b> No     |   |                |                                | omior for the or for a manifer or year                                     | 0)         |  |
| 24. |                 | sts in an education IRA, in<br>S.C. §§ 530(b)(1), 529A(b), a                          |                | n a qualified ABLE pro         | gram, or under a qualified state tu  | ition pro  | ogram.   |
|     | ☑ No            |   | tion name and  | description. Separatel         | y file the records of any interests. 1                                     | 1 U.S.C.   | § 521(c)   |
| 25. |                 | s, equitable or future intere<br>rs exercisable for your ben                          |                | ty (other than anything        | listed in line 1), and rights or   |            |  |
|     | _               | es. Give specific formation about them  |                |                                |  |            |  |
| 26. |                 | ts, copyrights, trademarks, oles: Internet domain names                               |                |                                | • • •  |            |  |
|     |                 | es. Give specific formation about them  |                |                                |  |            |  |
| 27. |                 | ses, franchises, and other of   |                |                                | n holdings, liquor licenses, professio                                     | nal licens | ses  |
|     |                 | es. Give specific formation about them  |                |                                |  |            |  |
| Mor |                 | property owed to you?   |                |                                |  |            | Current value of the   |
|     |                 |   |                |                                |  |            | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax re          | efunds owed to you  |                |                                |  |            |  |
|     | ☑ No            | 0   |                |                                |  |            |  |
|     | ☐ Ye            | es. Give specific information   | 1              |                                |  | Federal    | :  |
|     |                 | oout them, including whether ou already filed the returns                             |                |                                |  | State:     |  |
|     | an              | nd the tax years  |                |                                |  | Local:     |  |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 13 of 64

| Deb | otor 1 Shabnam Baig  |  | Case number (if known)                   |                          |
|-----|--|--|--|--------------------------|
| 29. | Family support  Examples: Past due or lump sum ali   | nony, spousal support, child support, mai  | ntenance, divorce settlement, property   | settlement               |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  |  | Alimony:                                 |                          |
|     | Tes. Give specific information   |  | Maintenance:                             |                          |
|     |  |  | Support:                                 |                          |
|     |  |  | Divorce settlement:                      |                          |
|     |  |  | Property settlement                      |                          |
| 20  | Other amounts someone owes you   |  |  | ·                        |
| 30. | Examples: Unpaid wages, disability   | nsurance payments, disability benefits, significantly benefits; unpaid loans you made to |  |                          |
|     | Yes. Give specific information   |  |  |                          |
| 31. | Interests in insurance policies  |  |  |                          |
|     | Examples: Health, disability, or life in No  | surance; health savings account (HSA); o   | credit, homeowner's, or renter's insurai | nce                      |
|     | Yes. Name the insurance company of each policy   | npany name:  | Beneficiary: Su                          | rrender or refund value: |
| 32. | Any interest in property that is due If you are the beneficiary of a living trentitled to receive property because s | ust, expect proceeds from a life insurance   | e policy, or are currently               |                          |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  |  |  |                          |
| 33. |  | er or not you have filed a lawsuit or ma<br>sputes, insurance claims, or rights to sue   |  |                          |
|     | No N   |  |  |                          |
|     | Yes. Describe each claim   |  |  |                          |
| 34. | rights to set off claims   | claims of every nature, including count  | erclaims of the debtor and               |                          |
|     | No  ✓ Yes. Describe each claim   | See continuation page(s).  |  | \$2,002.00               |
| 35. | Any financial assets you did not al  | eady list  |  |                          |
|     | ☑ No   |  |  |                          |
|     | Yes. Give specific information   |  |  |                          |
| 36. |  | ntries from Part 4, including any entries  |  | \$2,052.00               |
| Pa  | art 5: Describe Any Busines  | s-Related Property You Own or I  | ے<br>Have an Interest In.  List any ا    | real estate in Part 1.   |
| 37. | Do you own or have any legal or ea   | uitable interest in any business-related   | nronerty?                                |                          |
| ٠   | - No. Code Bort C  | and any submessional   |  |                          |
|     | Yes. Go to line 38.  |  |  |                          |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 14 of 64

| Deb | tor 1 <u>S</u>       | Shabnam Baig   | Case number (if known)  |   |
|-----|----------------------|--|---|---|
|     |                      |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts             | s receivable or comm   | issions you already earned  | ,   |
|     | ✓ No<br>☐ Yes.       | Describe   |   |   |
| 39. | Examples             | uipment, furnishings<br>s: Business-related cod<br>desks, chairs, electr | mputers, software, modems, printers, copiers, fax machines, rugs, telephones,                               |   |
|     | ✓ No<br>☐ Yes.       | Describe   |   |   |
| 40. |                      | ry, fixtures, equipmen   | nt, supplies you use in business, and tools of your trade   |   |
|     | ✓ No<br>☐ Yes.       | Describe   |   |   |
| 41. | Inventory            | ,  |   |   |
|     | ✓ No<br>☐ Yes.       | Describe   |   |   |
| 42. | Interests            | in partnerships or jo  | int ventures  |   |
|     | ✓ No<br>✓ Yes.       | Describe Name of   | entity: % of ownership:   |   |
| 43. | Custome              | r lists, mailing lists, c  | or other compilations   |   |
|     | ✓ No<br>☐ Yes.       | Do your lists include No Yes. Describe                                   | personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                                   |   |
| 44. | Any busi             | ness-related property  | y you did not already list  |   |
|     | ☑ No<br>□ Yes.       | Give specific informat   | ion.  |   |
| 45. |                      | •  | our entries from Part 5, including any entries for pages you have<br>number here →                          | \$0.00  |
| Pa  |                      |  | n- and Commercial Fishing-Related Property You Own or Have ar<br>n interest in farmland, list it in Part 1. | n Interest In.  |
| 46. | Do you o             | wn or have any legal   | or equitable interest in any farm- or commercial fishing-related property?                                  |   |
|     |                      | Go to Part 7.<br>Go to line 47.  |   |   |
| 47  | Faur                 |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm ani Examples No | mals<br>s: Livestock, poultry, fa  | arm-raised fish   |   |
|     | Yes                  |  |   |   |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 15 of 64

| Deb | tor 1 Shabnam Baig   | Case nu              | mber (if known)              |    |              |
|-----|--|----------------------|------------------------------|----|--------------|
| 48. | Cropseither growing or harvested   |                      |                              |    |              |
|     | ✓ No ☐ Yes. Give specific information  |                      |                              | ]— |              |
| 49. | Farm and fishing equipment, implements, machinery, fixtures,   | and tools of trade   |                              | _  |              |
|     | ✓ No ☐ Yes   |                      |                              | ]  |              |
| 50. | Farm and fishing supplies, chemicals, and feed   |                      |                              | _  |              |
|     | ✓ No ☐ Yes   |                      |                              | ]_ |              |
| 51. | Any farm- and commercial fishing-related property you did not  | already list         |                              | _  |              |
|     | ✓ No  Yes. Give specific information   |                      |                              | ]  |              |
| 52. | Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here   |                      |                              |    | \$0.00       |
| Pa  | art 7: Describe All Property You Own or Have an In   | terest in That You D | oid Not List Above           |    |              |
| 53. | Do you have other property of any kind you did not already list  Examples: Season tickets, country club membership   ✓ No  ✓ Yes. Give specific information. | 1?                   |                              |    |              |
| 54. | Add the dollar value of all of your entries from Part 7. Write that  | at number here       | →                            |    | \$0.00       |
| Pa  | art 8: List the Totals of Each Part of this Form   |                      |                              |    |              |
| 55. | Part 1: Total real estate, line 2  |                      | <b>-</b>                     |    | \$550,000.00 |
| 56. | Part 2: Total vehicles, line 5   | \$0.00               |                              |    |              |
| 57. | Part 3: Total personal and household items, line 15  | \$5,300.00           |                              |    |              |
| 58. | Part 4: Total financial assets, line 36  | \$2,052.00           |                              |    |              |
| 59. | Part 5: Total business-related property, line 45   | \$0.00               |                              |    |              |
| 60. | Part 6: Total farm- and fishing-related property, line 52  | \$0.00               |                              |    |              |
| 61. | Part 7: Total other property not listed, line 54   | \$0.00               |                              |    |              |
| 62. | Total personal property. Add lines 56 through 61   | \$7,352.00           | Copy personal property total | +  | \$7,352.00   |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62   |                      |                              |    | \$557,352.00 |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 16 of 64

| Deb              | tor 1  | Shabnam Baig  | Case number (if known) |   |            |
|------------------|--------|---|------------------------|---|------------|
| 24               | Othor  | contingent and unliquidated claims of every nature (details): |                        |   |            |
| J <del>4</del> . |        | uidated FDCPA claim against Carson Smithfield LLC             |                        |   | \$1,001.00 |
|                  | Unliqu | uidated FDCPA claim against Credit Control LLC                |                        | - | \$1,001.00 |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 17 of 64

| Fill in this in  | formation to iden  | tify your   | case:   |                               |   |  |      |
|--|--|---|---|-------------------------------|---|--|------|
| Debtor 1   | Shabnam<br>First Name  | Middle Name   | Baig  |                               |   |  |      |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name   | e Last Name   |                               |   |  |      |
| 1  |  |   | T OF NEW JERSEY   | ,                             |   | Chock if this is an  |      |
| Case number (if known)   |  |   |   |                               |   | Check if this is an amended filing   |      |
| Official Form  | 106C   |   |   |                               |   |  |      |
| Schedule C   | : The Property   | y You Cl  | aim as Exemp  | ot                            |   | 0  | 4/22 |
| Using the property space is needed, f  | you listed on Schedu   | <i>lle A/B: Prop</i><br>is page as m  | erty (Official Form 106   | 6A/B)                         | as your source, list th   | responsible for supplying correct informa<br>ne property that you claim as exempt. If<br>essary. On the top of any additional pag                                    | more |
| is to state a speci<br>exempted up to the<br>receive certain be<br>exemption of 100<br>property is determined. | ific dollar amount as<br>ne amount of any ap<br>enefits, and tax-exem<br>% of fair market valu | exempt. Al<br>plicable stat<br>ppt retirement<br>e under a la<br>amount, yo | ternatively, you may<br>sutory limit. Some ex<br>nt fundsmay be unl<br>w that limits the exe<br>our exemption would | clair<br>emp<br>imite<br>mpti | n the full fair market<br>tionssuch as those<br>d in dollar amount.<br>on to a particular dol | you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the ole statutory amount. |      |
|  | •  | -   | ·   |                               | if i . fili   |  |      |
| ☐ You are  | exemptions are you<br>claiming state and fed<br>claiming federal exem                          | deral nonban  | kruptcy exemptions.   |                               | if your spouse is filing<br>S.C. § 522(b)(3)  | y with you.  |      |
| 2. For any prop  | erty you list on <i>Sch</i> e  | edule A/B th  | at you claim as exen  | npt, f                        | ill in the information  | below.   |      |
| •  | of the property and I<br>t lists this property   | ine on  | Current value of the portion you own  |                               | ount of the<br>mption you claim   | Specific laws that allow exemption   |      |
|  |  |   | Copy the value from<br>Schedule A/B   |                               | eck only one box for<br>h exemption   |  |      |
| Brief description: 22 East 4th Stre Line from Schedul  | eet, Bayonne, NJ 0<br>e A/B:1.1  | 7002  | \$550,000.00  |                               | \$1.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit            | 11 U.S.C. § 522(d)(1)  |      |
| Brief description:   |  |   | \$4,500.00  |                               | \$4,500.00  | 11 U.S.C. § 522(d)(3)  |      |
| Basic househol Line from Schedul   | d goods and furnis   | shings  |   |                               | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit                      |  |      |
| Brief description: Clothing and ot   | her wearing appar  | el  | \$600.00  |                               | \$600.00<br>100% of fair market   | 11 U.S.C. § 522(d)(3)  |      |
| Line from Schedul  | e A/B: <b>11</b>   |   |   |                               | value, up to any applicable statutory limit   |  |      |
| (Subject to ac   | djustment on 4/01/25 a   | and every 3 y   | more than \$189,050? years after that for cas   | es fil                        |   | ,  |      |

☐ Yes

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 18 of 64

| Debtor 1      | Shabnam Baig   |                                      |                         | Case number                                       | (if known)                         |
|---------------|--|--------------------------------------|-------------------------|---|------------------------------------|
| Part 2:       | Additional Page  |                                      |                         |   |                                    |
|               | iption of the property and line on<br>I/B that lists this property | Current value of the portion you own |                         | ount of the<br>mption you claim                   | Specific laws that allow exemption |
|               |  | Copy the value from<br>Schedule A/B  |                         | eck only one box for<br>h exemption               |                                    |
| Brief descrip | otion:   | \$200.00                             | $\overline{\mathbf{Q}}$ | \$200.00  | 11 U.S.C. § 522(d)(4)              |
| Custome j     | jewelry  |                                      |                         | 100% of fair market                               |                                    |
| Line from So  | chedule A/B: 12  |                                      |                         | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descrip |  | \$50.00                              |                         | \$50.00   | 11 U.S.C. § 522(d)(5)              |
| Checking      | account at BCB Bank  |                                      |                         | 100% of fair market                               |                                    |
| Line from So  | chedule A/B: <b>17.1</b>   |                                      |                         | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descrip | otion:   | \$1,001.00                           | V                       | \$1,001.00  | 11 U.S.C. § 522(d)(5)              |
| •             | ted FDCPA claim against Carson                                     |                                      |                         | 100% of fair market                               |                                    |
| Smithfield    |  |                                      |                         | value, up to any                                  |                                    |
| Line from So  | chedule A/B: <b>34</b>   |                                      |                         | applicable statutory limit                        |                                    |
| Brief descrip | otion:   | \$1,001.00                           | $\overline{\mathbf{A}}$ | \$1,001.00  | 11 U.S.C. § 522(d)(5)              |
| •             | ted FDCPA claim against Credit                                     |                                      |                         | 100% of fair market                               |                                    |
| Control LL    |  |                                      |                         | value, up to any applicable statutory             |                                    |
| Line from So  | chedule A/B: <b>34</b>   |                                      |                         | limit   |                                    |

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 19 of 64

| Fill in this inf   | ormation to ident                            | ify your case  | :   |                       |                  |            |
|--|--|--|---|-----------------------|------------------|------------|
| Debtor 1   | Shabnam<br>First Name                        | Middle Nome  | Baig<br>Last Name   |                       |                  |            |
|  | FIRST Name                                   | Middle Name  | Last Name   |                       |                  |            |
| Debtor 2<br>(Spouse, if filing)  | First Name                                   | Middle Name  | Last Name   | <del></del>           |                  |            |
|  |  | DISTRICT OF  | NEW IEDSEV  |                       |                  |            |
|  | nkruptcy Court for the:                      | DISTRICTOR   | NEW JERSET  |                       |                  |            |
| Case number (if known)   |  |  |   |                       | Check if this is |            |
|  |  |  |   |                       | amended filing   | )          |
| Official Form  | 106D   |  |   |                       |                  |            |
| Schedule D:  | Creditors Wh                                 | o Have Cla   | ims Secured by  | / Property            |                  | 12/15      |
| On the top of any  1. Do any credit  □ No. Che □ Yes. Fill  Part 1: Lis  2. List all secure claim, list the creditor has a | additional pages, wri                        | te your name and tred by your programs or has more than deach claim. If me e other creditors | court with your other school one secured one than one in Part 2. As   | vn).                  |                  |            |
| creditor's nam   |  |  | according to ano  | value of collateral   | claim            | If any     |
| 2.1  |  | Describe the secures the   | property that   | \$1,337.84            | \$550,000.00     | \$1,337.84 |
| ORIX REAL EST Creditor's name 1717 Main Stree Number Street  | ATE CAPITAL INC.                             |  | Street, Bayonne,  |                       |                  |            |
|  |  | —<br>As of the da  | te you file, the claim is:  | Check all that apply. |                  |            |
| Dallas<br>City<br>Who owes the deb   | TX 75201<br>State ZIP Code<br>ot? Check one. | Continge Unliquida Disputed Nature of lie  | ated  |                       |                  |            |
| ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and □ ☑ At least one of   | Debtor 2 only<br>the debtors and anoth       | ☐ An agree ☑ Statutory ☐ Judgmer   | ment you made (such as<br>lien (such as tax lien, m<br>at lien from a lawsuit<br>cluding a right to offset) |                       | car loan)        |            |
| Check if this o  | ty debt                                      | Water E  | Bill  |                       |                  |            |
| Date debt was inc  | urred 2014                                   | Last 4 digits  | of account number   |                       |                  |            |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,337.84

| Additional Page After listing any entries on this page, number them sequentially from the previous page.  Describe the property that secures the claim:  2 2  | Debtor 1  | Shabnam E   | Baig                                      |  | Case number (if known)                   |  |                   |  |
|---|---|---|---|--|--|--|-------------------|--|
| Secures the claim:  \$\$2,216.55\$\$\$550,000.00\$\$\$2,216.55\$\$\$PO,000.00\$\$\$2,216.55\$\$\$PO,000.00\$\$\$\$2,216.55\$\$\$\$PO,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$0,000.00\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$\$\$\$\$\$2,216.55\$\$\$\$\$\$\$\$0,000.00\$   | Part 1:   | After listin  | g any entries on                          |  | Amount of claim Do not deduct the        | Value of collateral that supports this | Unsecured portion |  |
| Carol Stream IL 60197-8401 City State ZIP Code Disputed  Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim relates to a community debt  Date debt was incurred 2020 Last 4 digits of account number  □ 2.3 □ Describe the property that secures the claim: \$709,612.08 \$550,000.00 \$159,612.08  Select Portfolio Servicing, Inc. Creditor's name PO Box 65250 Number Street  As of the date you file, the claim is: Check all that apply.  □ Debtor 1 only □ Debtor 1 only □ Statutory lien (such as tax lien, mechanic's lien)  □ Judgment lien from a lawsuit □ Other (including a right to offset)  Water Bill  □ Describe the property that secures the claim: \$709,612.08 \$550,000.00 \$159,612.08  Select Portfolio Servicing, Inc. Creditor's name PO Box 65250 NJ 07002  Number Street  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed  Who owes the debt? Check one. Nature of lien. Check all that apply. □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Other (including a right to offset)  Mortgage    Other (including a right to offset)   Mortgage   M | RTLF-NJ-L<br>Creditor's name<br>PO Box 840  | 9<br><b>01</b>  |   | secures the claim: 22 East 4th Street, Bayonne,  | \$2,216.55                               | \$550,000.00                           | \$2,216.55        |  |
| Describe the property that secures the claim:  Select Portfolio Servicing, Inc.  Creditor's name PO Box 65250 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Describe the property that secures \$709,612.08 \$550,000.00 \$159,612.08  \$709,612.08 \$550,000.00 \$159,612.08  \$709,612.08 \$550,000.00  \$159,612.08  \$709,612.08 \$550,000.00  \$159,612.08  | City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates |   |   | Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)     |  |  |                   |  |
| Salt Lake City UT 84165-0250 City State ZIP Code Disputed  Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Contingent □ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)  Mortgage   | 2.3  Select Port Creditor's name PO Box 653   | tfolio Servic<br>e<br>250   |   | Describe the property that secures the claim: 22 East 4th Street Bayonne,  | \$709,612.08                             | \$550,000.00                           | \$159,612.08      |  |
|   | Salt Lake C City Who owes tl Debtor 1 Debtor 2 Debtor 1 Z At least of to a com  | State he debt? Ch only only and Debtor 2 one of the debt this claim re nmunity debt | ZIP Code eck one. conly otors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed  Nature of lien. Check all that apply. ☑ An agreement you made (such as ☐ Statutory lien (such as tax lien, modular of the continuous) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset)  Mortgage | : mortgage or secured<br>echanic's lien) | car loan)                              |                   |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$711,828.63

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 21 of 64

| Debtor 1   | Shabnam I                                       | Baig                               | Case number (if known)  |  |   |                                   |  |  |  |
|--|---|------------------------------------|---|--|---|-----------------------------------|--|--|--|
| Part 1: Additional Page After listing any entries on to sequentially from the previous |   |                                    |   | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |  |
| Creditor's name PO Box 54  | ne  | INV NJ13, LLC                      | Describe the property that secures the claim: 22 East 4th Street Bayonne, NJ 07002  | \$790.02   | \$550,000.00  | \$790.02                          |  |  |  |
| Debtor Debtor Debtor At least Check  | State the debt? Ch 1 only 2 only 1 and Debtor 2 | eck one.  only otors and another   | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, modulus) Judgment lien from a lawsuit Other (including a right to offset) Water Lien | s mortgage or secured  | car loan)   |                                   |  |  |  |
|  | was incurred                                    | 2018                               | Last 4 digits of account number  Describe the property that   |  |   |                                   |  |  |  |
| Creditor's nam   |   | ces LLC                            | secures the claim: 22 East 4th Street Bayonne, NJ 07002   | \$235,725.44   | \$550,000.00  | \$235,725.44                      |  |  |  |
| Debtor Debtor Debtor At least Check  | 2 only<br>1 and Debtor 2                        | eck one.  conly cotors and another | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, modulus) Judgment lien from a lawsuit Other (including a right to offset) Mortgage  | s mortgage or secured  | car loan)   |                                   |  |  |  |
| Date debt v  | was incurred                                    | 11/3/2005                          | Last 4 digits of account number   |  |   |                                   |  |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$236,515.46

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 22 of 64

| Debtor 1 Shabnam Baig   |  | Case number (if  | known)  |                                   |
|---|--|--|---|-----------------------------------|
| Part 1: Additional Page After listing any entries on sequentially from the previous   |  | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| US Bank as Cust for PFS Finl 1, LLC Creditor's name 60 South 16th Street - Suite 2050 Number Street   | Describe the property that secures the claim: 22 East 4th Street, Bayonne, NJ 07002  | \$1,452.66   | \$550,000.00  | \$1,452.66                        |
| Philadelphia PA 19102 City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Water Bill | mortgage or secured  | car loan)   |                                   |
| Date debt was incurred 2016   | Last 4 digits of account number  |  |   |                                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,452.66

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$951,134.59

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 23 of 64

| Debtor 1                          | Shabnam Baig   |                             |                                    | Case number (if known)   |     |
|-----------------------------------|--|-----------------------------|------------------------------------|--|-----|
| Part :                            | List Others to Be Notifi   | ed for a                    | Debt That You                      | u Already Listed   |     |
| example<br>then list<br>ist the a | e, if a collection agency is trying to<br>t the collection agency here. Simila | collect fro<br>arly, if you | m you for a debt<br>have more than | uptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, as to be notified for any debts in Part 1, do not fill out or |     |
| 1                                 | KML Law Group PC   |                             |                                    | On which line in Part 1 did you enter the creditor?  | 2.3 |
|                                   | 701 Market Street - Suite 5000<br>Number Street                                |                             |                                    | Last 4 digits of account number  | -   |
|                                   |  |                             |                                    | <del>_</del>   |     |
|                                   | Philadelphia City  | PA<br>State                 | <b>19106</b> ZIP Code              |  |     |
| 2                                 | Leopold & Associates, PLLC   |                             |                                    | On which line in Part 1 did you enter the creditor?  | 2.5 |
|                                   | 80 Business Park Drive - Suite Number Street                                   | 110                         |                                    | Last 4 digits of account number  | -   |
|                                   | Armonk   | NY                          | 10504                              | _  |     |
|                                   | City   | State                       | ZIP Code                           | _  |     |
| 3                                 | TRINITY FINANCIAL SERVICES   | , LLC                       |                                    | On which line in Part 1 did you enter the creditor?  | 2.5 |
|                                   | 4521 PGA BLVD., #295<br>Number Street  |                             |                                    | Last 4 digits of account number  | -   |
|                                   | PALM BEACH GARDENS   | FL                          | 33418                              |  |     |
|                                   | City   | State                       | ZIP Code                           |  |     |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 24 of 64

|   |   |  |  | 1  |                     |                                |
|---|---|--|--|--|---------------------|--------------------------------|
| Fill in this inf  | ormation to ide   | entify your ca   | ase:   |  |                     |                                |
| Debtor 1  | Shabnam   |  | Baig   |  |                     |                                |
|   | First Name  | Middle Name  | Last Name  |  |                     |                                |
| Debtor 2  |   |  |  |  |                     |                                |
| (Spouse, if filing)   | First Name  | Middle Name  | Last Name  |  |                     |                                |
| United States Day   | nless under a Court for t   | ha. DISTRICT   | OF NEW JEDSEY  |  |                     |                                |
| United States Bai   | nkrupicy Court for t  | ne: DISTRICT   | OF NEW JERSEY  |  |                     |                                |
| Case number   |   |  |  | П  | Check if this is    | an                             |
| (if known)  |   |  |  | _  | amended filing      |                                |
| Official Form   | 106F/F  |  |  | •  |                     |                                |
| -   |   | Who Have   | e Unsecured Claims   |  |                     | 12/15                          |
| Scriedule L/  | 1. Creditors  | vviio ilave  | e Oliseculeu Claiilis  |  |                     | 12/13                          |
| Do not include any If more space is not to this page. On the space is not to this page. | y creditors with pa<br>leeded, copy the P<br>the top of any addi                                | artially secured<br>lart you need, fi<br>itional pages, w        | and on Schedule G: Executory Co<br>claims that are listed in Schedule<br>Il it out, number the entries in the<br>rite your name and case number (          | D: Creditors Who Ho boxes on the left. Att                                   | ld Claims Secu      | red by Property.               |
| Part 1: Lis   | t All of Your Pl  | RIORITY Uns  | ecured Claims  |  |                     |                                |
| 1. Do any credit  | tors have priority (  | unsecured clain  | ns against you?  |  |                     |                                |
| ✓ No. Go t  | to Part 2.  |  |  |  |                     |                                |
| Yes.  |   |  |  |  |                     |                                |
| claim. For ear<br>show both prio<br>more space is<br>claim, list the                    | ch claim listed, ider<br>prity and nonpriority<br>s needed for priority<br>other creditors in P | ntify what type of<br>amounts. As m<br>unsecured clain<br>art 3. | creditor has more than one priority uclaim it is. If a claim has both prior such as possible, list the claims in all ns, fill out the Continuation Page of | ty and nonpriority amo<br>phabetical order accord<br>Part 1. If more than on | unts, list that cla | nim here and<br>tor's name. If |
| (For an explar  | nation of each type   | of claim, see the  | e instructions for this form in the inst   | Total claim  | Priority            | Nonpriority                    |
|   |   |  |  | Total Clailli  | amount              | amount                         |
| 2.1   |   |  |  |  |                     |                                |
| 2.1   |   |  |  |  |                     |                                |
| Priority Creditor's Nam   | ie.   |  | Last 4 digits of account number  |  |                     |                                |
|   |   |  | When was the debt incurred?  |  |                     |                                |
| Number Street   |   |  |  |  |                     |                                |
| -   |   |  | As of the date you file, the claim   | is: Check all that apply   | /.                  |                                |
|   |   |  | Contingent Unliquidated  |  |                     |                                |
| City  | Stata 7   | IP Code  | Disputed   |  |                     |                                |
| City Who incurred the   |   |  | Type of PRIORITY unsecured cla   | im:  |                     |                                |
| Debtor 1 only   | debt: Officer off   |  | Domestic support obligations   | ·····  |                     |                                |
| Debtor 2 only   |   |  | Taxes and certain other debts  | you owe the governme   | nt                  |                                |
| Debtor 1 and D  | •   |  | Claims for death or personal in  |  |                     |                                |
| <u> </u>  | the debtors and an  |  | intoxicated  |  |                     |                                |
| _   | claim is for a comr   | nunity debt  | Other. Specify   |  |                     |                                |
| Is the claim subjection No  | Ct to offset?   |  |  |  |                     |                                |
| ☐ Yes   |   |  |  |  |                     |                                |

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 25 of 64

| Debtor 1             | Shabnam Baig   | Case number (if known)  |
|----------------------|--|---|
| Part 2:              | List All of Your NONPRIORIT  | Y Unsecured Claims  |
| 3. Do any            | r creditors have nonpriority unsecured   | claims against you?   |
| □ No ✓ Ye            |  | Submit this form to the court with your other schedules.  |
| If a cre-<br>type of | ditor has more than one nonpriority unse claim it is. Do not list claims already inc | in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. |
|                      |  | Total claim   |
| 4.1                  |  | \$1,217.83  |
| Allstate Pa          |  | _ Last 4 digits of account number   |
| Nonpriority Cre      |  | When was the debt incurred? 2020  |
| 1501 N Pla           | Street   | As of the date you file, the claim is: Check all that apply.  |
| Suite 100            |  | _ ☐ Contingent  |
|                      |  | Unliquidated  |
|                      |  | Disputed  |
| Richardso<br>City    | on TX 75081 State ZIP Code   |   |
| •                    | ed the debt? Check one.  | Type of NONPRIORITY unsecured claim:  |
| Debtor 1             |  | Student loans   |
| ☐ Debtor 2           |  | Obligations arising out of a separation agreement or divorce  |
| ш                    | 1 and Debtor 2 only  | that you did not report as priority claims  |
| At least             | one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts   |
| ☐ Checki             | f this claim is for a community debt   | ✓ Other. Specify  Car Insurance   |
|                      | subject to offset?   | Cai insurance   |
| <b>—</b>             | subject to offset:   |   |
| ✓ No<br>Yes          |  |   |
| 4.2                  |  | \$1,175.04  |
| Amex                 |  | Last 4 digits of account number 7 9 0 8   |
| Nonpriority Cre      |  | When was the debt incurred? 02/2017   |
|                      | ndence/Bankruptcy  | As of the date you file, the claim is: Check all that apply.  |
| Number S             | Street<br>81540  |   |
|                      |  | _   |
|                      |  | □ Disputed  |
| El Paso              | TX 79998   |   |
| City                 | State ZIP Code   | Type of NONPRIORITY unsecured claim:  |
|                      | ed the debt? Check one.  | ☐ Student loans   |
| ☐ Debtor 2           | -  | Obligations arising out of a separation agreement or divorce  |
|                      | 2 only<br>1 and Debtor 2 only  | that you did not report as priority claims  |
|                      | one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts   |
| ш                    | f this claim is for a community debt   | ✓ Other. Specify  |
| _                    | •  | Credit Card   |
|                      | subject to offset?   |   |
| ✓ No                 |  |   |
| ☐ Yes                |  |   |

| Debtor 1 Shabnam Baig   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.3   |   | \$3,766.00  |
| Cavalry Portfolio Services  | Last 4 digits of account number 7 4 1 7   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 05/2021   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 500 Summit Lake Drive, Suite 400                                  | _ Contingent  |             |
|   | Unliquidated  |             |
| Vahalla NY 10595  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify Factoring Company Account  |             |
| Is the claim subject to offset?                                   | ractoring Company Account   |             |
| ✓ No ☐ Yes  |   |             |
| 4.4   |   | \$504.33    |
| CFNA/Credit First Natl Assoc Nonpriority Creditor's Name          | Last 4 digits of account number <u>5</u> <u>2</u> <u>0</u>  |             |
| Attn: Bankruptcy  | When was the debt incurred? 07/2019   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 81315  | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Cleveland OH 44181  | ☐ Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                | ☐ Student loans   |             |
| Debtor 1 only  Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| ☐ Check if this claim is for a community debt                     | Charge Account  |             |
| Is the claim subject to offset?                                   |   |             |
| <b>☑</b> No   |   |             |
| Yes   |   |             |
| 4.5   |   | \$1,310.01  |
| Citibank North America Nonpriority Creditor's Name                | Last 4 digits of account number6060   |             |
| Citibank SD MC 425  | When was the debt incurred? 08/2019   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 5800 South Corp Place   | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Sioux Falls SD 57108  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Dalston A colo  | Student loans   |             |
| Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Credit Card   |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No<br>□ Yes   |   |             |

| Debtor 1 Shabnam Baig   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | m sequentially from the   | Total claim |
| 4.6   |   | \$3,102.00  |
| Cws/cw Nexus  | Last 4 digits of account number 8 3 8 2   |             |
| Nonpriority Creditor's Name 101 Crossways Park Dr W   | When was the debt incurred? 09/2015   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  |             |
| Woodbury NY 11797   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this aloim is four community debt | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify |             |
| Check if this claim is for a community debt   | Credit Card   |             |
| Is the claim subject to offset?  ☑ No ☐ Yes   |   |             |
| 4.7   |   | \$110.00    |
| Eos Cca   | Last 4 digits of account number 0 0 9 8   | · ·         |
| Nonpriority Creditor's Name Attn: Bankruptcy  | When was the debt incurred? 03/2022   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| P.O. Box 329  | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Norwell MA 02061  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only   | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another  | that you did not report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts  ☐ Other. Specify   |             |
| ☐ Check if this claim is for a community debt   | Factoring Company Account   |             |
| Is the claim subject to offset?  ☑ No ☐ Yes   |   |             |
| 4.8   |   | \$0.00      |
| Midland Credit Management, Inc.   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name<br>320 E Big Beaver Rd, # 300   | When was the debt incurred?   |             |
| Number Street Troy, MI 4808   | As of the date you file, the claim is: Check all that apply.  — Contingent  |             |
|   | Unliquidated Disputed   |             |
| City State ZIP Code Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>   |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another   | Other. Specify  |             |
| Check if this claim is for a community debt   | Factoring Company Account   |             |
| Is the claim subject to offset?  No Yes   |   |             |

| Debtor 1 Shabnam Baig  | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.              | m sequentially from the   | Total claim |
| 4.9  |   | \$752.27    |
| Midnight Velvet  | Last 4 digits of account number 8 2 9 0   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                                   | When was the debt incurred? 11/2019   |             |
| Number Street<br>1112 7th Avenue   | As of the date you file, the claim is: Check all that apply.  |             |
| 1112 / til Avenue  | Contingent ☐ Unliquidated   |             |
| Monroe WI 53566  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                             | Student loans   |             |
| Debtor 1 only  Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another  | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                                    | Charge Account  |             |
| Is the claim subject to offset?  ✓ No  |   |             |
| Yes  |   |             |
| 4.10   |   | ¢4 250 00   |
| Portfolio Recovery Associates, LLC   | Last 4 digits of account number 7 9 3 9   | \$1,250.98  |
| Nonpriority Creditor's Name  | When was the debt incurred? 06/2022   |             |
| Attn: Bankruptcy Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 120 Corporate Boulevard  | _ Contingent  |             |
|  | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Norfolk VA 23502   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                         | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                                  |   |             |
| Is the claim subject to offset?  | radioing company recount  |             |
| <b>☑</b> No  |   |             |
| Yes  |   |             |
| 4.11   |   | \$1,048.71  |
| Portfolio Recovery Associates, LLC   | Last 4 digits of account number 2 3 3 7   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                                   | When was the debt incurred? 02/2022   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| 120 Corporate Boulevard  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |             |
| Norfells VA 00500  | Disputed  |             |
| Norfolk         VA         23502           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  | Student loans   |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another  | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                  | Factoring Company Account   |             |
| Is the claim subject to offset?  |   |             |
| ☑ No<br>□ Yes  |   |             |

| Debtor 1 Shabnam Baig  | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.              | m sequentially from the   | Total claim |
| 4.12   |   | \$603.19    |
| Portfolio Recovery Associates, LLC   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                                   | When was the debt incurred? 03/2022   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| 120 Corporate Boulevard  | _ ☐ Contingent ☐ Unliquidated   |             |
| N 6 II N 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8                                     | Disputed  |             |
| Norfolk         VA         23502           City         State         ZIP Code | Type of NONEDIODITY uncocured claim:  |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                                       | that you did not report as priority claims  |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| ☐ Check if this claim is for a community debt                                  | Factoring Company Account   |             |
| Is the claim subject to offset?  |   |             |
| ✓ No<br>Yes  |   |             |
| 4.13   |   | \$25,247.14 |
| Portfolio Recovery Associates, LLC Nonpriority Creditor's Name                 | Last 4 digits of account number5541   |             |
| Attn: Bankruptcy   | When was the debt incurred? 12/21/2012  |             |
| Number Street 120 Corporate Boulevard  | As of the date you file, the claim is: Check all that apply.  |             |
| 120 Corporate Boulevaru  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |             |
| Nortalla VA 22502  | — ☑ Disputed  |             |
| Norfolk         VA         23502           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  | Student loans   |             |
| Debtor 1 only  Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another  | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                  | Factoring Company Account   |             |
| Is the claim subject to offset?  |   |             |
| ✓ No<br>☐ Yes  |   |             |
| <del>_</del>   | THE STATUTE OF LIMITATIONS FOR COLLECTION   |             |
| 4.14   |   | \$3,242.56  |
| Resurgent Capital Services Nonpriority Creditor's Name                         | Last 4 digits of account number 4 9 5 7   |             |
| Attn: Bankruptcy   | When was the debt incurred? 03/2021   |             |
| Number Street PO Box 10497   | As of the date you file, the claim is: Check all that apply.  |             |
|  | □ Contingent     □ Unliquidated   |             |
| Greenville SC 29603  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  | Student loans   |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another  | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                  | Factoring Company Account   |             |
| Is the claim subject to offset?  |   |             |
| ✓ No ☐ Yes   |   |             |

## Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 30 of 64

| Debtor 1  | Shabnam Baig                                   | Case number (if known)   |             |
|---|--|--|-------------|
| Part 2:   | Your NONPRIORITY Unsecu                        | red Claims Continuation Page   |             |
| After listin  | g any entries on this page, number the page.   | m sequentially from the  | Total claim |
| 4.15  |  |  | \$1,300.00  |
| Syncb/wa  |  | _ Last 4 digits of account number _5_ 4_ 1_ 1_   |             |
| Nonpriority C   | reditor's Name                                 | When was the debt incurred? 09/2018  |             |
| City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset? |  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |             |
|   |  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Charge Account |             |
| <b>☑</b> No   |  |  |             |
| Yes   |  |  |             |
| 4.16  |  |  | \$4,680.33  |
| TD Bank,  | N.A.   | Last 4 digits of account number 6 1 0 2  |             |
| Nonpriority C Attn: Ban   | creditor's Name                                | When was the debt incurred? 10/2016  |             |
| Number  | Street   | As of the date you file, the claim is: Check all that apply.   |             |
| 32 Chesti   | nut Street PO Box 1377                         | _ Contingent   |             |
|   |  | ☐ Unliquidated ☐ Disputed  |             |
| Debtor Debtor Debtor At leas Check  | State ZIP Code red the debt? Check one. 1 only | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card   |             |

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 31 of 64

| Debtor 1                      | Shabnam Baig  | Case number (if known)  |
|-------------------------------|---|---|
| Part 3:                       | List Others to Be Notified Abo  | out a Debt That You Already Listed  |
| For exa<br>credito<br>debts t | imple, if a collection agency is trying to<br>r in Parts 1 or 2, then list the collection | otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. To collect from you for a debt you owe to someone else, list the original agency here. Similarly, if you have more than one creditor for any of the Iditional creditors here. If you do not have additional parties to be notified for smit this page. |
| Verizon W                     | reless Bankruptcy Administrati  | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name<br>500 Techn             | ology Drive   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| Number Street Suite 550       |   | Cellular Phone Service Part 2: Creditors with Nonpriority Unsecured Claims  |
| Weldon Sp                     | ring MO 63304   | Last 4 digits of account number   |

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 32 of 64

| Debtor 1 | Shabnam Baig                                     | Case number (if known) |
|----------|--|------------------------|
| Part 4:  | Add the Amounts for Each Type of Unsecured Claim |                        |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| 20 0.0.0.3               |     | That the amounte is cash type of anoccured staining   |              |                 |
|--------------------------|-----|---|--------------|-----------------|
|                          |     |   |              | Total claim     |
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.          | \$0.00          |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.          | \$0.00          |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00          |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>.</b> | <b>+</b> \$0.00 |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.          | \$0.00          |
|                          |     |   |              | Total claim     |
| Total claims from Part 2 | 6f. | Student loans   | 6f.          | \$0.00          |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.          | \$0.00          |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.          | \$0.00          |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. <b>.</b> | ¥49,310.39      |
|                          | 6j. | Total. Add lines 6f through 6i.   | 6j.          | \$49,310.39     |

#### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 33 of 64

| Fill in this information to identify your case: |                   |                            |            |  |  |
|---|-------------------|----------------------------|------------|--|--|
| Debtor 1  | Shabnam           |                            | Baig       |  |  |
|   | First Name        | Middle Name                | Last Name  |  |  |
| Debtor 2  | First Name        | Middle Name                | Last Name  |  |  |
| (Spouse, if filing)                             | riistivanie       | Middle Name                | Last Name  |  |  |
| United States Ba                                | nkruptcy Court fo | or the: <b>DISTRICT OF</b> | NEW JERSEY |  |  |
| Case number                                     |                   |                            |            |  |  |
| (if known) amended filing                       |                   |                            |            |  |  |
| Official Form                                   | 106G              |                            |            |  |  |

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 34 of 64

| Fill in t                   | his information to i  | dentify your case:                                  |   |   |
|-----------------------------|---|---|---|---|
| Debtor 1                    | Shabnam   |   | Baig  |   |
|                             | First Name  | Middle Name   | Last Name                                       |   |
| Debtor 2                    | if filing) First Name   | Middle Name   | Last Name                                       |   |
| (Spouse,                    | ii iiiiig) Tiistivanie  | Wildule Name  | Lastivanie                                      |   |
| United St                   | tates Bankruptcy Court fo                                       | r the: <b>DISTRICT OF N</b>                         | NEW JERSEY                                      |   |
| Case nur                    |   |   |   | ☐ Check if this is an   |
| (II KIIOWII                 | ,   |   |   | amended filing  |
|                             |   |   |   |   |
| Official                    | Form 106H   |   |   |   |
| Sched                       | ule H: Your Code  | ebtors  |   | 12/1  |
| needed, co<br>page. On      | opy the Additional Page   | , fill it out, and numbe<br>Il Pages, write your na | r the entries in the bo<br>nme and case numbe   | olying correct information. If more space is oxes on the left. Attach the Additional Page to this r (if known). Answer every question.                            |
| ш.                          | No<br>Yes   |   |   |   |
|                             |   |   |   | territory? (Community property states and territories Rico, Texas, Washington, and Wisconsin.)  |
| ,                           | No. Go to line 3.<br>Yes. Did your spouse, for<br>☐ No<br>☐ Yes | mer spouse, or legal ed                             | quivalent live with you                         | at the time?  |
| 3. In Co<br>perso<br>credit | ப<br>lumn 1, list all of your c<br>on shown in line 2 again     | as a codebtor only if the sial Form 106D), Scheel   | that person is a guar<br>dule E/F (Official For | a codebtor if your spouse is filing with you. List the antor or cosigner. Make sure you have listed the m 106E/F), or <i>Schedule G</i> (Official Form 106G). Use |
| Co                          | olumn 1: Your codebtor  |   |   | Column 2: The creditor to whom you owe the debt   |
|                             |   |   |   | Check all schedules that apply:   |
| o 4 Ri                      | iny A. Baig   |   |   |   |
| Na                          | ime   |   |   | Schedule D, line 2.1  |
|                             | 2 East 4th Street Imber Street                                  |   |   | Schedule E/F, line  |
| _                           |   |   |   | Schedule G, line  |
|                             | ayonne  | NJ  | 07002   | ORIX REAL ESTATE CAPITAL INC.   |
| Cit                         | у   | State   | ZIP Code  |   |
|                             | iny A. Baig   |   |   | Schedule D, line 2.2  |
| 22                          | East 4th Street   |   |   | Schedule E/F, line  |
| Nu                          | imber Street  |   |   | <u> </u>  |
| _                           |   |   |   | Schedule G, line<br>RTLF-NJ-LLC   |
| Ba<br>Cit                   | <b>ayonne</b><br><sup>y</sup>                                   | NJ<br>State   | <b>07002</b> ZIP Code                           |   |
|                             | iny A. Baig   |   |   | Schedule D, line 2.3  |
| 22                          | East 4th Street   |   |   | Schedule E/F, line  |
| Nu                          | imber Street  |   |   | <u> </u>  |
| _                           |   | A   | 07000   | Schedule G, line Select Portfolio Servicing, Inc.   |
| Ba<br>Cit                   | ayonne<br>y   | NJ<br>State   | <b>07002</b> ZIP Code                           | — Colour Gradul Convioling, Inc.  |

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 35 of 64

| Debtor   | Shabnam Baig                 |             |                       | Case number (if known)                          |
|----------|------------------------------|-------------|-----------------------|---|
|          | Additional Page to List      | More Code   | ebtors                |   |
|          | Column 1: Your codebtor      |             |                       | Column 2: The creditor to whom you owe the debt |
|          |                              |             |                       | Check all schedules that apply:                 |
| 3.4      | Biny A. Baig                 |             |                       | Schedule D, line 2.4                            |
|          | 22 East 4th Street           |             |                       | Schedule E/F, line                              |
|          | Number Street                |             |                       | Schedule G, line                                |
|          | Bayonne<br>City              | NJ<br>State | <b>07002</b> ZIP Code | TFS Cust for FIG CAP INV NJ13, LLC              |
| 3.5      | Biny A. Baig                 |             |                       |   |
| 0.0      | Name                         |             |                       | <u>V</u>  |
|          | Number Street                |             |                       | Schedule E/F, line                              |
|          |                              |             |                       | Schedule G, line                                |
|          | Bayonne<br>City              | NJ<br>State | <b>07002</b> ZIP Code | Trinity Financial Services LLC                  |
| 3.6      | Biny A. Baig                 |             |                       | Cabadula D. lina 2.6                            |
|          | Name                         |             |                       | <b>V</b> Concadic B, inic <b>2.0</b>            |
|          | Number Street                |             |                       |   |
|          | _                            |             |                       |   |
|          | Bayonne<br>City              | NJ<br>State | <b>07002</b> ZIP Code |   |
| 3.7      | Spouse Name Not Entered      |             |                       |   |
| <u> </u> | Name                         |             |                       | Schedule D, line                                |
|          | Number Street                |             |                       | Schedule E/F, line 1                            |
|          |                              |             |                       | Schedule G, line                                |
|          | City                         | State       | ZIP Code              | KML Law Group PC                                |
|          | Spouse Name Not Entered      |             |                       |   |
| 3.8      | Name                         |             |                       | Schedule D, line                                |
|          | Number Street                |             |                       | Schedule E/F, line 2                            |
|          |                              |             |                       | Schedule G, line                                |
|          | City                         | State       | ZIP Code              | Leopold & Associates, PLLC                      |
|          |                              | Otate       | Zii Oode              |   |
| 3.9      | Spouse Name Not Entered Name |             |                       | Schedule D, line 2.1                            |
|          | Number Street                |             |                       | Schedule E/F, line                              |
|          |                              |             |                       | Schedule G, line                                |
|          | Chi                          | C4-1-       | ZID Code              | ORIX REAL ESTATE CAPITAL INC.                   |
|          | City                         | State       | ZIP Code              |   |
| 3.10     | Spouse Name Not Entered Name |             |                       | Schedule D, line 2.2                            |
|          | Number Street                |             |                       | Schedule E/F, line                              |
|          |                              |             |                       | Schedule G, line                                |
|          |                              | <u> </u>    | 710.0                 | RTLF-NJ-LLC                                     |
|          | City                         | State       | ZIP Code              |   |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 36 of 64

| Debtor 1 Shabnam Baig                  | Case number (if known)                           |
|--|--|
| Additional Page to List More Codebtors |  |
| Column 1: Your codebtor                | Column 2: The creditor to whom you owe the debt  |
|  | Check all schedules that apply:                  |
| 3.11 Spouse Name Not Entered Name      | Schedule D, line 2.3                             |
| Number Street                          | Schedule E/F, line                               |
|  | Schedule G, line                                 |
| City State ZIP Code                    | Select Portfolio Servicing, Inc.                 |
| 3.12 Spouse Name Not Entered           | Schedule D, line 2.4                             |
| Name                                   | Schedule E/F, line                               |
| Number Street                          | Schedule G, line                                 |
| City State ZIP Code                    | TFS Cust for FIG CAP INV NJ13, LLC               |
| 3.13 Spouse Name Not Entered           |  |
| Name                                   | Schedule D, line 2.5                             |
| Number Street                          | Schedule E/F, line Schedule G, line              |
|  | Trinity Financial Services LLC                   |
| City State ZIP Code                    | <del></del>                                      |
| 3.14 Spouse Name Not Entered Name      | Schedule D, line                                 |
| Number Street                          | Schedule E/F, line 3                             |
|  | Schedule G, line TRINITY FINANCIAL SERVICES, LLC |
| City State ZIP Code                    |  |
| 3.15 Spouse Name Not Entered Name      | Schedule D, line 2.6                             |
| Number Street                          | Schedule E/F, line                               |
|  | Schedule G, line                                 |
| City State ZIP Code                    | US Bank as Cust for PFS Finl 1, LLC              |
| 3.16 Spouse Name Not Entered           | Schedule D, line                                 |
| Name  Number Street                    | Schedule E/F, line <b>5.1</b>                    |
| Number Street                          | Schedule G, line                                 |
| City State ZIP Code                    | Verizon Wireless Bankruptcy Administrati         |

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 37 of 64

| Fill in this informa                         | ation to ide          | entify your case:      |   |           |       |   |             |          |
|--|-----------------------|------------------------|---|-----------|-------|---|-------------|----------|
| Debtor 1                                     | Shabnam<br>First Name | Middle Name            | Baig<br>Last Name                                   |           | - Che | eck if this is:                                     |             |          |
| Debtor 2<br>(Spouse, if filing)              | First Name            | Middle Name            | Last Name   |           | - 0   | An amended filing                                   |             |          |
| United States Bankru Case number             | ptcy Court for        | the: <b>DISTRICT O</b> | F NEW JERSEY  |           | -   🗖 | A supplement show chapter 13 income                 | •           |          |
| (if known)                                   |                       |                        |   | _         |       | MM / DD / YYYY                                      |             |          |
| Official Form 106                            | <u> </u>              |                        |   |           |       |   |             |          |
| Schedule I: You                              | r Income              | •                      |   |           |       |   |             | 12/15    |
| 1. Fill in your employ information.          |                       |                        | Debtor 1  |           |       | Debtor 2 or non-                                    | filing spou | ise      |
| your name and case nu  Part 1: Describ       | mber (if know         |                        | question.   |           |       |   |             |          |
| information.  If you have more the           |                       |                        |   |           |       |   | filing spou | ise      |
| job, attach a separa<br>with information abo | out                   | mployment status       | <ul><li>☐ Employed</li><li>✓ Not employed</li></ul> | ed        |       | <ul><li>✓ Employed</li><li>☐ Not employed</li></ul> |             |          |
| additional employer                          | s. C                  | occupation             | Unemployed  |           |       | Deli Owner  |             |          |
| Include part-time, se<br>or self-employed wo | al.                   | mployer's name         |   |           |       | Five Bees LLC                                       |             |          |
| Occupation may inc                           | _                     | mployer's address      | North or Otrest                                     |           |       | North on Otroot                                     |             |          |
| applies.                                     | KOI, II II            |                        | Number Street                                       |           |       | Number Street                                       |             |          |
|  |                       |                        |   |           |       |   |             |          |
|  |                       |                        |   |           |       |   |             |          |
|  |                       |                        | City  | State Zip | Code  | City  | State       | Zip Code |
|  | н                     | low long employed t    | here?   |           |       |   |             | _        |
| Port 2: Cive De                              | talla Abau            | ut Manthly Incom       | •   |           |       |   |             |          |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

| Debt | tor 1              | Shabnam Baig   |              | Case nu          | mbe | r (if known)                      |          |  |
|------|--------------------|--|--------------|------------------|-----|-----------------------------------|----------|--|
|      |                    |  | F            | or Debtor 1      |     | For Debtor 2 or non-filing spouse | <u>.</u> |  |
|      | Cop                | y line 4 here  | 4.           | \$0.00           |     | \$0.00                            |          |  |
| 5.   |                    | all payroll deductions:  |              | 40.00            |     | <b>#</b> 0.00                     |          |  |
|      |                    | Tax, Medicare, and Social Security deductions  | 5a.          | \$0.00           |     | \$0.00                            |          |  |
|      | 5b.                |  | 5b.          | \$0.00           |     | \$0.00                            |          |  |
|      |                    | Voluntary contributions for retirement plans   | 5c.          | \$0.00           |     | \$0.00                            |          |  |
|      | 5d.                | , ,  | 5d.          | \$0.00<br>\$0.00 |     | \$0.00<br>\$0.00                  |          |  |
|      |                    | Insurance  | 5e.          | \$0.00           |     | \$0.00                            |          |  |
|      | 5f.                | Domestic support obligations Union dues  | 5f.          | \$0.00           |     | \$0.00                            |          |  |
|      | - 3                | Other deductions.  | 5g.          | Ψ0.00            |     | <del></del>                       |          |  |
|      |                    | Specify:   | 5h. <b>+</b> | \$0.00           |     | \$0.00                            |          |  |
| 6.   | <b>Add</b><br>5g + | the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5h$ .   | 6.           | \$0.00           |     | \$0.00                            |          |  |
| 7.   | Calc               | sulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           | \$0.00           |     | \$0.00                            |          |  |
| 8.   | List               | all other income regularly received:   |              |                  |     |                                   |          |  |
|      | 8a.                | Net income from rental property and from operating a business, profession, or farm   | 8a.          | \$1,600.00       |     | \$1,650.00                        |          |  |
|      |                    | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |              |                  |     |                                   |          |  |
|      | 8b.                | Interest and dividends   | 8b.          | \$0.00           |     | \$0.00                            |          |  |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.          | \$0.00           |     | \$0.00                            |          |  |
|      |                    | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |              |                  |     |                                   |          |  |
|      | 8d.                | Unemployment compensation  | 8d.          | \$0.00           |     | \$0.00                            |          |  |
|      | 8e.                | Social Security  | 8e.          | \$0.00           |     | \$827.00                          |          |  |
|      | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |              |                  |     |                                   |          |  |
|      |                    | Specify:   | 8f.          | \$0.00           |     | \$0.00                            |          |  |
|      | ·                  | Pension or retirement income   | 8g.          | \$0.00           |     | \$0.00                            |          |  |
|      | 8h.                | Other monthly income. Specify:   | 8h. <b>+</b> | \$0.00           |     | \$0.00                            |          |  |
| 9.   | Add                | <b>all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  | 9.           | \$1,600.00       |     | \$2,477.00                        | ]        |  |
| 10.  |                    | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.          | \$1,600.00       | +   | \$2,477.00                        | ]=[      | \$4,077.00                               |
| 11.  | Inclu<br>frien     | e all other regular contributions to the expenses that you list in S<br>ide contributions from an unmarried partner, members of your househ<br>ds or relatives.  not include any amounts already included in lines 2-10 or amounts tha                         | nold, you    | r dependents, yo |     | ·                                 |          | ule J.                                   |
|      | Spec               | oifv.  |              |                  |     | 11.                               | +        | \$0.00                                   |
|      |                    | ,.   |              |                  |     |                                   | Г        |  |
| 12.  | inco               | the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities applies.  |              |                  |     |                                   |          | \$4,077.00<br>Combined<br>nonthly income |
| 13.  | Do y               | ou expect an increase or decrease within the year after you file t   | his form     | 1?               |     |                                   |          | nontiny moonie                           |
|      |                    | No. Yes. Explain:  |              |                  |     |                                   |          |  |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 39 of 64

| Debtor 1 Shabnam Baig             |               | Case number (if known) |            |
|-----------------------------------|---------------|------------------------|------------|
| 8a. Attached Statement (Debtor 1) |               |                        |            |
|                                   | Five Bees LLC |                        |            |
| Gross Monthly Income:             |               |                        | \$8,000.00 |
| Expense                           | Category      | Amount                 |            |
| Rent                              | Rent          | \$1,600.00             |            |
| Utilities                         | Utilities     | \$300.00               |            |
| Employees & Store Manager         | Employee      | \$4,500.00             |            |
| Total Monthly Expenses            |               |                        | \$6,400.00 |
| Net Monthly Income:               |               |                        | \$1,600.00 |

Official Form 106l Schedule I: Your Income page 3

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 40 of 64

| Ī      | ill in this inforn   | nation to id                                      | entify                      | your case:                         |                           |   | Cha    | ak if thia          | io                             |           |                    |
|--------|--|---|-----------------------------|------------------------------------|---------------------------|---|--------|---------------------|--------------------------------|-----------|--------------------|
|        | Debtor 1   | Shabnam<br>First Name                             |                             | Middle Name                        | Baig<br>Last Na           | me  |        |                     | ended filing<br>lement showing | postpetit | ion                |
|        | Debtor 2<br>(Spouse, if filing)                                  | First Name  |                             | Middle Name                        | Last Na                   | me  | _      | chapter<br>followin | 13 expenses a<br>g date:       | s of the  |                    |
|        | United States Bankı  | ruptcy Court fo                                   | r the:                      | DISTRICT OF                        | NEW JERS                  | EY  |        | MM / D              | D / YYYY                       |           |                    |
|        | Case number (if known)   |   |                             |                                    |                           |   |        | IVIIVI / D          | <i>D</i>                       |           |                    |
| O      | fficial Form 10  | )6J   |                             |                                    |                           |   | -      |                     |                                |           |                    |
| S      | chedule J: Yo  | our Exper   | nses                        |                                    |                           |   |        |                     |                                |           | 12/15              |
| nai    | rrect information. I   | f more space                                      | is need<br>Answe            | ed, attach anot<br>r every questic | her sheet to t            | ing together, both ar<br>his form. On the top                                 | -      |                     |                                |           |                    |
| 1.     | Is this a joint cas  | e?  |                             |                                    |                           |   |        |                     |                                |           |                    |
| 2.     | _ No   | Debtor 2 live in s. Debtor 2 more endents?        | ust file C                  |                                    | SJ-2, Expense information | s for Separate Housel  Dependent's relation Debtor 1 or Debtor  Daughter  Son | onshij |                     | 2.  Dependent's age  19        | live wi   | es                 |
|        |  |   |                             |                                    |                           | <u>Daughter</u>   |        |                     | 14                             | N         | o<br>es<br>o<br>es |
| 3.     | Do your expense<br>expenses of peop<br>yourself and you          | ole other than                                    | ?                           | ☑ No<br>□ Yes                      |                           |   |        |                     |                                |           |                    |
| F      | Part 2: Estima   | ate Your Or                                       | ngoing                      | Monthly Ex                         | penses                    |   |        |                     |                                |           |                    |
| to the | report expenses as<br>form and fill in the<br>lude expenses paid | of a date afte<br>applicable da<br>d for with non | r the ba<br>ate.<br>-cash g | overnment ass                      | ed. If this is a          | re using this form as<br>supplemental Scheo<br>know the value of              |        |                     |                                |           |                    |
|        | ch assistance and l  |   |                             |                                    |                           | cial Form 106l.)  |        |                     | Your expens                    |           |                    |
| 4.     | The rental or hon<br>Include first mortg                         |   |                             |                                    |                           |   |        | 2                   | 1                              | \$        | <u>2,430.57</u>    |
|        | If not included in   | line 4:   |                             |                                    |                           |   |        |                     |                                |           |                    |
|        | 4a. Real estate to   | axes  |                             |                                    |                           |   |        | 4                   | 4a                             |           |                    |
|        | 4b. Property, hor  | neowner's, or r                                   | enter's i                   | insurance                          |                           |   |        | 4                   | 4b                             |           |                    |
|        | 4c. Home mainte  | enance, repair,                                   | and upl                     | keep expenses                      |                           |   |        | 4                   | 4c                             |           |                    |
|        | 4d Homoownor's   | accociation o                                     | r condo                     | minium duos                        |                           |   |        | ,                   | 14                             |           |                    |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 41 of 64

| Del | otor 1 Shabnam Baig   | Case number (if known) |          |
|-----|---|------------------------|----------|
|     |   | Your expenses          | <b>i</b> |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |          |
| 6.  | Utilities:  |                        |          |
|     | 6a. Electricity, heat, natural gas  | 6a.                    | \$350.00 |
|     | 6b. Water, sewer, garbage collection  | 6b.                    | \$50.00  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c                     | \$100.00 |
|     | 6d. Other. Specify: Cell Phones   | 6d.                    | \$300.00 |
| 7.  | Food and housekeeping supplies  | 7.                     | \$800.00 |
| 8.  | Childcare and children's education costs  | 8.                     |          |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     | \$160.00 |
| 10. | Personal care products and services   | 10.                    | \$60.00  |
| 11. | Medical and dental expenses   | 11.                    | \$10.00  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    | \$200.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    |          |
| 14. | Charitable contributions and religious donations  | 14.                    |          |
| 15. | Insurance.  |                        |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |          |
|     | 15a. Life insurance   | 15a                    |          |
|     | 15b. Health insurance   | 15b                    |          |
|     | 15c. Vehicle insurance  | 15c                    | \$125.00 |
| 46  | 15d. Other insurance. Specify: Security System  Taylor - Do not include toward deducted from your power included in lines 4 or 20                             | 15d                    | \$51.88  |
| 10. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16                     |          |
| 17. | Installment or lease payments:  |                        |          |
|     | 17a. Car payments for Vehicle 1 Non-Filing Spouse Car Payment   | 17a                    | \$773.81 |
|     | 17b. Car payments for Vehicle 2   | 17b                    |          |
|     | 17c. Other. Specify:  | 17c                    |          |
|     | 17d. Other. Specify:  | 17d                    |          |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    |          |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |          |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   |                        |          |
|     | 20a. Mortgages on other property  | 20a.                   |          |
|     | 20b. Real estate taxes  | 20b.                   |          |
|     | 20c. Property, homeowner's, or renter's insurance   |                        |          |
|     | 20d. Maintenance, repair, and upkeep expenses   |                        |          |
|     | 20e. Homeowner's association or condominium dues  | 20e.                   |          |
|     |   |                        |          |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 42 of 64

| Debtor 1 |            | Shabnam Baig  | Case number (if known) |              |  |  |  |
|----------|------------|---|------------------------|--------------|--|--|--|
| 21.      | Other.     | Specify:  | 21. +                  |              |  |  |  |
| 22.      | Calcul     | ate your monthly expenses.  |                        |              |  |  |  |
|          | 22a.       | Add lines 4 through 21.   | 22a                    | \$5,411.26   |  |  |  |
|          | 22b.       | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.  | 22b                    |              |  |  |  |
|          | 22c.       | Add line 22a and 22b. The result is your monthly expenses.  | 22c                    | \$5,411.26   |  |  |  |
| 23.      | Calcul     | ate your monthly net income.  |                        |              |  |  |  |
|          | 23a.       | Copy line 12 (your combined monthly income) from Schedule I.  | 23a. <u> </u>          | \$4,077.00   |  |  |  |
|          | 23b.       | Copy your monthly expenses from line 22c above.   | 23b. <b>_</b>          | \$5,411.26   |  |  |  |
|          |            | Subtract your monthly expenses from your monthly income. The result is your monthly net income.   | 23c                    | (\$1,334.26) |  |  |  |
| 24.      | Do you     | u expect an increase or decrease in your expenses within the year after you fil   | le this form?          |              |  |  |  |
|          |            | ample, do you expect to finish paying for your car loan within the year or do you exp<br>nt to increase or decrease because of a modification to the terms of your mortgage |                        |              |  |  |  |
|          | <b>☑</b> N |   |                        |              |  |  |  |
|          | ☐ Y        | es. Explain here: None.   |                        |              |  |  |  |
|          |            |   |                        |              |  |  |  |

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 43 of 64

| Fill in this inf    | formation to i     | dentify your case         | :          |                 |
|---------------------|--------------------|---------------------------|------------|-----------------|
| Debtor 1            | Shabnam            |                           | Baig       |                 |
|                     | First Name         | Middle Name               | Last Name  |                 |
| Debtor 2            |                    |                           |            |                 |
| (Spouse, if filing) | First Name         | Middle Name               | Last Name  |                 |
| United States Ba    | inkruptcy Court fo | r the: <b>DISTRICT OF</b> | NEW JERSEY |                 |
| Case number         |                    |                           |            | ☐ Check if this |
| (if known)          |                    |                           |            | amended fill    |

#### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Р  | art 1: Summarize Your Assets   |                                    |
|----|--|------------------------------------|
|    |  | Your assets Value of what you own  |
| 1. | Schedule A/B: Property (Official Form 106A/B)  |                                    |
|    | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$550,000.00                       |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | . \$7,352.00                       |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$557,352.00                       |
| Р  | art 2: Summarize Your Liabilities  |                                    |
|    |  | Your liabilities<br>Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$951,134.59                       |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0.00                             |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$49,310.39                      |
|    | Your total liabilities   | \$1,000,444.98                     |
| P  | art 3: Summarize Your Income and Expenses  |                                    |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$4,077.00                         |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$5,411.26                         |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 44 of 64

| Deb | otor 1 | Shabnam Baig C   | ase number (if known)                                 |    |
|-----|--------|--|---|----|
| P   | art 4  | Answer These Questions for Administrative and Statistica   | al Records  |    |
| ò.  | Are    | you filing for bankruptcy under Chapters 7, 11, or 13?   |   |    |
|     |        | No. You have nothing to report on this part of the form. Check this box and sub Yes  | mit this form to the court with your other schedules. |    |
| 7.  | Wha    | at kind of debt do you have?   |   |    |
|     |        | Your debts are primarily consumer debts. Consumer debts are those "incurre family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules. | cal purposes. 28 U.S.C. § 159.                        |    |
| 3.  |        | m the Statement of Your Current Monthly Income: Copy your total current monocial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | thly income from \$5,577.0                            | 00 |
| ).  | Сор    | by the following special categories of claims from Part 4, line 6 of Schedule E  | E/F:  |    |
|     |        |  | Total claim   |    |
|     | Fro    | m Part 4 on <i>Schedule E/F,</i> copy the following:   |   |    |
|     | 9a.    | Domestic support obligations. (Copy line 6a.)  | \$0.00  |    |
|     | 9b.    | Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00  |    |
|     | 9c.    | Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00  |    |
|     | 9d.    | Student loans. (Copy line 6f.)   | \$0.00  |    |
|     | 9e.    | Obligations arising out of a separation agreement or divorce that you did not repriority claims. (Copy line 6g.)   | ort as \$0.00   |    |
|     | 9f.    | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | +\$0.00   |    |
|     | 9g.    | <b>Total.</b> Add lines 9a through 9f.   | \$0.00  |    |

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 45 of 64

| Fill in this inf                | ormation to id        | lentify your case       | :                       |   |
|---------------------------------|-----------------------|-------------------------|-------------------------|---|
| Debtor 1                        | Shabnam<br>First Name | Middle Name             | Baig<br>Last Name       |   |
| Debtor 2<br>(Spouse, if filing) | First Name            | Middle Name             | Last Name               |   |
| United States Bar               | nkruptcy Court for    | the: <b>DISTRICT OF</b> | NEW JERSEY              |   |
| Case number<br>(if known)       |                       |                         |                         | Check if this is an amended filing  |
| Official Form                   | 106Dec                |                         |                         |   |
| Declaration                     | About an Ir           | ndividual Debt          | or's Schedules          | 12/15   |
|                                 | ın Below              | . ,                     | 18 U.S.C. §§ 152, 1341, | ,   |
| Did you pay o                   | or agree to pay s     | omeone who is NOT       | an attorney to help you | fill out bankruptcy forms?  |
| <b>☑</b> No                     |                       |                         |                         |   |
| Yes. Na                         | ame of person         |                         |                         | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Under penalt<br>true and corr   |                       | clare that I have read  | the summary and sche    | dules filed with this declaration and that they are   |
| X /s/ Shabr                     | nam Baig              |                         | x                       |   |

Signature of Debtor 2

MM / DD / YYYY

Date

Shabnam Baig, Debtor 1

MM / DD / YYYY

Date 11/30/2022

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 46 of 64

| Ī          | ill in this info                  | ormation to iden  | tify your case:                           |                          |   |          |  |  |
|------------|-----------------------------------|---|---|--------------------------|---|----------|--|--|
|            | ebtor 1                           | Shabnam   |   | Baig                     |   |          |  |  |
| -          |                                   | First Name  | Middle Name                               | Last Name                |   |          |  |  |
|            | ebtor 2<br>Spouse, if filing)     | First Name  | Middle Name                               | Last Name                |   |          |  |  |
| lυ         | nited States Bar                  | nkruptcy Court for the:   | DISTRICT OF N                             | EW JERSEY                | ,   |          |  |  |
|            | ase number                        | apto) Countries une   |   |                          |   |          | _  |  |
|            | known)                            |   |   |                          |   |          | Check if the amended fi                                    |  |
| ∟<br>Of    | ficial Form                       | 107   |   |                          |   |          |  |  |
| St         | atement o                         | f Financial Af  | fairs for Indiv                           | ∕iduals F                | iling for Ba                                    | ankru    | ıptcy  | 04/22  |
| cor<br>you | rect informatio<br>ur name and ca | •   | needed, attach a se<br>).  Answer every q | parate sheet<br>uestion. | to this form. O                                 | n the to | equally responsible for s<br>pp of any additional pages    |  |
| 1.         | What is your  ✓ Married           | current marital statu   |   |                          |   |          |  |  |
| 2.         | □ Not marrie  During the las      | ed<br>st 3 years, have you  | lived anywhere oth                        | er than wher             | e you live now?                                 | ,        |  |  |
|            | Yes. List                         | all of the places you li  | ved in the last 3 yea                     | ars. Do not inc          | clude where you                                 | live no  | N.   |  |
| 3.         | (Community p                      |   | •   | _                        | -   |          | ity property state or territo<br>ada, New Mexico, Puerto R | •  |
|            | ✓ No<br>☐ Yes. Mak                | e sure you fill out <i>Sch</i>                                      | nedule H: Your Code                       | ebtors (Official         | Form 106H).                                     |          |  |  |
| P          | art 2: Exp                        | olain the Sources   | of Your Incom                             | е                        |   |          |  |  |
| 4.         | Fill in the total                 | any income from em<br>amount of income yo<br>g a joint case and you | u received from all j                     | obs and all bu           | ısinesses, includi                              | ing par  |  | lendar years?  |
|            |                                   | n the details.  |   |                          |   |          |  |  |
|            |                                   |   | Debtor 1                                  |                          |   |          | Debtor 2   |  |
|            |                                   |   | Sources of<br>Check all th                |                          | Gross income<br>(before deductionand exclusions | ons      | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions<br>and exclusions |
|            | •                                 | the current year unfor bankruptcy:                                  | wages, bonuses                            | commissions,<br>, tips   |   | \$0.00   | Wages, commissions, bonuses, tips                          |  |
|            |                                   |   | Operatin                                  | g a business             |   |          | Operating a business                                       |  |
| For        | · last calendar y                 | /ear:   | ₩ages, bonuses                            | commissions,             |   | \$0.00   | Wages, commissions, bonuses, tips                          |  |
| (Ja        | nuary 1 to Dece                   | mber 31, <u><b>2021</b></u> )                                       |   | g a business             |   |          | Operating a business                                       |  |
| For        | the calendar y                    | ear before that:  | <b>⊘</b> Wages, bonuses                   | commissions,             |   | \$0.00   | ☐ Wages, commissions, bonuses, tips                        |  |
| (Ja        | nuary 1 to Dece                   | mber 31, <u><b>2020</b></u> )                                       |   | g a business             |   |          | Operating a business                                       |  |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 47 of 64

| Del   | otor 1        | Shabnam Baig   | Case number (if known)   |  |  |  |  |  |  |  |
|---|---------------|--|--|--|--|--|--|--|--|--|
| 5.  | Include i     | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; Inemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; Indigambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under 1. |  |  |  |  |  |  |  |  |
|   | List eacl     | n source and the gross income from each source   | ce separately. Do not include income that you listed in line 4.  |  |  |  |  |  |  |  |
|   | ✓ No<br>☐ Yes | . Fill in the details.   |  |  |  |  |  |  |  |  |
| Р   | art 3:        | List Certain Payments You Made B   | efore You Filed for Bankruptcy   |  |  |  |  |  |  |  |
| 6.  | Are eith      | er Debtor 1's or Debtor 2's debts primarily c  | onsumer debts?   |  |  |  |  |  |  |  |
|   | □ No.         | Neither Debtor 1 nor Debtor 2 has primari "incurred by an individual primarily for a pers  | ly consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as conal, family, or household purpose."   |  |  |  |  |  |  |  |
|   |               | During the 90 days before you filed for bank   | ruptcy, did you pay any creditor a total of \$7,575* or more?  |  |  |  |  |  |  |  |
|   |               | No. Go to line 7.  |  |  |  |  |  |  |  |  |
|   |               | total amount you paid that creditor.   | ou paid a total of \$7,575* or more in one or more payments and the Do not include payments for domestic support obligations, such as onot include payments to an attorney for this bankruptcy case. |  |  |  |  |  |  |  |
|   |               | * Subject to adjustment on 4/01/25 and ever  | y 3 years after that for cases filed on or after the date of adjustment.   |  |  |  |  |  |  |  |
|   | <b>✓</b> Yes  | . Debtor 1 or Debtor 2 or both have primari  | y consumer debts.  |  |  |  |  |  |  |  |
|   |               | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?   |  |  |  |  |  |  |  |  |
|   |               | ✓ No. Go to line 7.  |  |  |  |  |  |  |  |  |
|   |               |  | ou paid a total of \$600 or more and the total amount you paid that for domestic support obligations, such as child support and alimony.  In attorney for this bankruptcy case.                      |  |  |  |  |  |  |  |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partners corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any mana agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations as child support and alimony. |               |  |  |  |  |  |  |  |  |  |
|   | ✓ No<br>☐ Yes | . List all payments to an insider.   |  |  |  |  |  |  |  |  |
| 8.  |               | year before you filed for bankruptcy, did yo   | u make any payments or transfer any property on account of a debt that   |  |  |  |  |  |  |  |
|   | Include       | payments on debts guaranteed or cosigned by  | an insider.  |  |  |  |  |  |  |  |
|   | ✓ No<br>☐ Yes | No Yes. List all payments that benefited an insider.   |  |  |  |  |  |  |  |  |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 48 of 64

| Debtor 1        | Shabnam Baig   |                                  | Case number (if known)  |                    |
|-----------------|--|----------------------------------|---|--------------------|
| Part 4:         | Identify Legal Acti  | ons, Repossessions, and          | l Foreclosures  |                    |
| List a<br>modif | Il such matters, including per<br>fications, and contract disput | sonal injury cases, small claims | in any lawsuit, court action, or administrative proceed actions, divorces, collection suits, paternity actions, suppo | -                  |
| ☐ Y             | o es. Fill in the details.                                       |                                  |   |                    |
| Case title      |  | Nature of the case               | Court or agency Stat  | us of the case     |
|                 | inancial Services, LLC   | Foreclosure                      | Superior Court - Hudson County  | - <b>□</b> Pending |
| v. Biny A       | . Baig, et al  |                                  | Court Name  | ☐ I cliding        |
|                 |  |                                  | Number Street   | _   On appeal      |
| Case numl       | ber <b>F-004283-22</b>   |                                  | Number Street   | Concluded          |
|                 |  |                                  |   | _ 🗠                |
|                 |  |                                  | City State ZIP Code   | _                  |
| Case title      |  | Nature of the case               |   | us of the case     |
|                 | v. Biny A. Baig and  | Foreclosure                      | Superior Court Hudson County  | - <b>□</b> Pending |
| Shabnam         | n A. Baig  |                                  | Court Name  | _ ·                |
|                 |  |                                  | Number Street   | _                  |
| Case numl       | ber <b>F-014778-15</b>   |                                  |   | _ Concluded        |
|                 |  |                                  | City State ZIP Code   | _                  |
| Case title      |  | Nature of the case               | Court or agency Stat  | us of the case     |
| SHABNA          | IM BAIG VS CARSON  | FDCPA Claim                      | Supeior Court of Hudson County  | - <b>☑</b> Pending |
| SMITHFII        | ELD LLC  |                                  | Court Name  | _                  |
|                 |  |                                  | Number Street   | On appeal          |
| Case numl       | ber HUD-L-001949-22  |                                  |   | _ Concluded        |
|                 |  |                                  | City State ZIP Code   | _                  |
| Case title      |  | Nature of the case               | Court or agency Stat  | us of the case     |
|                 | n Baig v. Midland Credit   | FDCPA Claim                      | Superior Court of Hudson County   | -  ☐ Pending       |
| Managen         | nent, Inc.   |                                  | Court Name  |                    |
|                 |  |                                  | Number Street   | On appeal          |
| Case numl       | ber <b>L-001994-22</b>   |                                  | <del></del>   | _ Concluded        |
|                 |  |                                  |   | _                  |
|                 |  |                                  | City State ZIP Code   |                    |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 49 of 64

| Deb                | otor 1  | Shabnam Baig  | Case i   | number (if known)  |                |            |
|--------------------|---|---|--|--------------------|----------------|------------|
| 10.                | seized,   | 1 year before you filed for bankrup<br>or levied?<br>all that apply and fill in the details bel | tcy, was any of your property repossessed  | , foreclosed, garn | ished, attach  | ed,        |
|                    | -   | Go to line 11.  S. Fill in the information below.   |  |                    |                |            |
| 11.                |   |   | uptcy, did any creditor, including a bank or make a payment because you owed a debt  |                    | n, set off any |            |
|                    | ✓ No<br>☐ Yes   | s. Fill in the details.   |  |                    |                |            |
| 12.                |   | 1 year before you filed for bankrup<br>rs, a court-appointed receiver, a cւ                     | tcy, was any of your property in the posses<br>ustodian, or another official?  | sion of an assign  | ee for the ber | nefit of   |
|                    | ✓ No<br>☐ Yes   | 3   |  |                    |                |            |
| P                  | art 5:  | List Certain Gifts and Con  | tributions   |                    |                |            |
| 13.                | Within 2  | 2 years before you filed for bankru   | ptcy, did you give any gifts with a total valu   | e of more than \$6 | 00 per persoi  | n?         |
|                    | ☑ No<br>□ Yes   | s. Fill in the details for each gift.   |  |                    |                |            |
| 14.                | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? |   |  |                    |                |            |
|                    | ☑ No<br>□ Yes   | s. Fill in the details for each gift or co  | ontribution.   |                    |                |            |
| P                  | art 6:  | List Certain Losses   |  |                    |                |            |
| 15.                |   | 1 year before you filed for bankrup<br>isaster, or gambling?                                    | tcy or since you filed for bankruptcy, did yo  | ou lose anything l | ecause of the  | eft, fire, |
|                    | ✓ No<br>☐ Yes   | s. Fill in the details.   |  |                    |                |            |
| Р                  | art 7:  | List Certain Payments or  | <b>Fransfers</b>   |                    |                |            |
| 16.                | Include  No   | you consulted about seeking ban   | tcy, did you or anyone else acting on your kruptcy or preparing a bankruptcy petition? reparers, or credit counseling agencies for sen | •                  |                |            |
|                    | _   |   | Description and value of any property tran   | sferred Date       | payment        | Amount of  |
| Pers               | on Who W  |   |  | mad                |                | payment    |
|                    | <b>Jerich</b><br>ber Str  | o Turnpike<br>eet   |  | 1                  | 1/29/2022      | \$1,500.00 |
| Sui                | te 100  |   |  |                    |                |            |
| <b>Flo</b><br>City | ral Park  | NY 11001<br>State ZIP Code  |  |                    |                |            |
| Ema                | il or websit  | te address  |  |                    |                |            |
| Pers               | on Who M  | lade the Payment, if Not You  |  |                    |                |            |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 50 of 64

| Deb | tor 1         | Shabnam Baig   | Case number (if known)                                |
|-----|---------------|--|---|
| 17. |               | 1 year before you filed for bankruptcy, did you or anyone else acting or<br>who promised to help you deal with your creditors or to make paymer            |   |
|     | Do not i      | nclude any payment or transfer that you listed on line 16.   |   |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |   |
| 18. |               | 2 years before you filed for bankruptcy, did you sell, trade, or otherwise<br>y transferred in the ordinary course of your business or financial affair    |   |
|     |               | both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement.    | a security interest or mortgage on your property).    |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |   |
| 19. |               | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)                  | to a self-settled trust or similar device of which    |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |   |
| Pa  | art 8:        | List Certain Financial Accounts, Instruments, Safe Depo  | sit Boxes, and Storage Units                          |
| 20. |               | 1 year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?  | nstruments held in your name, or for your             |
|     |               | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | of deposit; shares in banks, credit unions, brokerage |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |   |
| 21. | -             | now have, or did you have within 1 year before you filed for bankruptc<br>urities, cash, or other valuables?   | y, any safe deposit box or other depository           |
|     | ☑ No<br>□ Yes | s. Fill in the details.  |   |
| 22. | Have yo       | ou stored property in a storage unit or place other than your home with  | in 1 year before you filed for bankruptcy?            |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |   |
| Pa  | art 9:        | Identify Property You Hold or Control for Someone Else   |   |
| 23. | •             | hold or control any property that someone else owns? Include any prin trust for someone.   | operty you borrowed from, are storing for,            |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |   |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 51 of 64

| Deb | tor 1  | Shabnam Baig  | Case number (if known)                          |  |  |  |  |
|-----|--|---|---|--|--|--|--|
| Pa  | art 10:  | Give Details About Environmental Information  |   |  |  |  |  |
| For | the purp   | pose of Part 10, the following definitions apply:   |   |  |  |  |  |
| ŀ   | nazardo  | mental law means any federal, state, or local statute or regulation conc<br>us or toxic substance, wastes, or material into the air, land, soil, surfac<br>g statutes or regulations controlling the cleanup of these substances, | e water, groundwater, or other medium,          |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |   |   |  |  |  |  |
|     |  | us material means anything an environmental law defines as a hazard<br>ce, hazardous material, pollutant, contaminant, or similar item.   | ous waste, hazardous substance, toxic           |  |  |  |  |
| Rep | ort all n  | otices, releases, and proceedings that you know about, regardless of  | when they occurred.                             |  |  |  |  |
| 24. | Has an<br>law?   | y governmental unit notified you that you may be liable or potentially l  | iable under or in violation of an environmental |  |  |  |  |
|     | ✓ No   | s. Fill in the details.   |   |  |  |  |  |
| 25. | ☑ No   | ou notified any governmental unit of any release of hazardous materias. Fill in the details.  | 1?  |  |  |  |  |
| 26. | Have y   | ou been a party in any judicial or administrative proceeding under any  | environmental law? Include settlements and      |  |  |  |  |
|     | ✓ No   | s. Fill in the details.   |   |  |  |  |  |
| Pa  | art 11:  | Give Details About Your Business or Connections to A  | ny Business                                     |  |  |  |  |
| 27. | Within<br>busine   | 4 years before you filed for bankruptcy, did you own a business or havess?  | ve any of the following connections to any      |  |  |  |  |
|     |  |   | ·   |  |  |  |  |
|     |  | None of the above applies. Go to Part 12.  Check all that apply above and fill in the details below for each business   |   |  |  |  |  |
| 28. |  | 2 years before you filed for bankruptcy, did you give a financial statem<br>ncial institutions, creditors, or other parties.  | ent to anyone about your business? Include      |  |  |  |  |
|     | □ No<br>□ Yes  | s. Fill in the details below.   |   |  |  |  |  |

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 52 of 64

| Debtor 1 Sh                      | abnam Baig                     |   | Case number (if known)   |
|----------------------------------|--------------------------------|---|--|
| Part 12: S                       | ign Below                      |   |  |
| that the answer property by frau | s are true and correct. I unde | lerstand that making a false stateme<br>ruptcy case can result in fines up to | ents, and I declare under penalty of perjury<br>nt, concealing property, or obtaining money or<br>\$250,000, or imprisonment for up to 20 years, |
| X /s/ Shabnar                    | n Baig                         | x   |  |
| Shabnam Ba                       | ig, Debtor 1                   | Signature of Debtor 2   |  |
| Date11/                          | 30/2022                        | Date  | -  |
| Did you attach a                 | additional pages to Your State | tement of Financial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?   |
| ✓ No<br>☐ Yes                    |                                |   |  |
| Did you pay or                   | agree to pay someone who is    | s not an attorney to help you fill out  | bankruptcy forms?  |
| <b>☑</b> No                      |                                |   |  |
| Yes. Name                        | of person                      |   | Attach the Bankruptcy Petition Preparer's Notice,  |
|                                  |                                |   | Declaration, and Signature (Official Form 119).  |

#### Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Case 22-19465-VFP Document Page 53 of 64

| Fill in this inf  | Fill in this information to identify your case: |             |           |  |
|---|---|-------------|-----------|--|
| Debtor 1  | Shabnam   |             | Baig      |  |
|   | First Name                                      | Middle Name | Last Name |  |
| Debtor 2  |   |             |           |  |
| (Spouse, if filing)   | First Name                                      | Middle Name | Last Name |  |
| United States Bankruptcy Court for the: <b>DISTRICT OF NEW JERSEY</b> |   |             |           |  |
| Case number   |   |             |           |  |
| (if known)  |   |             |           |  |

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### **List Your Creditors Who Hold Secured Claims** Part 1:

| •• | fill in the information below.                            |   |   |  |  |  |
|----|---|---|---|--|--|--|
|    | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |  |  |  |
|    |   |   |   |  |  |  |

Creditor's ORIX REAL ESTATE CAPITAL INC. Surrender the property. No name: Retain the property and redeem it. Yes Retain the property and enter into a  $\square$ Description of 22 East 4th Street, Bayonne, NJ 07002 Reaffirmation Agreement. property Retain the property and [explain]: securing debt:

Creditor's **RTLF-NJ-LLC** Surrender the property. No П name: Retain the property and redeem it. Yes Retain the property and enter into a  $\sqrt{\phantom{a}}$ Description of 22 East 4th Street, Bayonne, NJ 07002

Reaffirmation Agreement. property Retain the property and [explain]: securing debt:

Creditor's Select Portfolio Servicing, Inc. Surrender the property. No П Retain the property and redeem it.

Retain the property and enter into a Description of 22 East 4th Street Bayonne, NJ 07002 Reaffirmation Agreement. property Retain the property and [explain]: securing debt:

name:

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 54 of 64

| or 1 Shabi                             | nam Baig                                   | Case number (if known   | )  |
|--|--|---|--|
| Identify the cre                       | editor and the property that is collateral | What do you intend to do with the property that secures a debt?                                   | Did you claim the property as exempt on Schedule C |
| Creditor's name:                       | TFS Cust for FIG CAP INV NJ13, LLC         | Surrender the property.  Retain the property and redeem it.                                       | □ No □ Yes   |
| Description of property securing debt: | 22 East 4th Street Bayonne, NJ 07002       | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: |  |
| Creditor's name:                       | Trinity Financial Services LLC             | Surrender the property.  Retain the property and redeem it.                                       | □ No □ Yes   |
| Description of property securing debt: | 22 East 4th Street Bayonne, NJ 07002       | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: |  |
| Creditor's name:                       | US Bank as Cust for PFS Finl 1, LLC        | Surrender the property.  Retain the property and redeem it.                                       | □ No □ Yes   |
| Description of property securing debt: | 22 East 4th Street, Bayonne, NJ 07002      | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | _  |

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G) fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 55 of 64

| Debtor 1 | Shabnam Baig  |                      | Case number (if known)                                |  |
|----------|---|----------------------|---|--|
| Part 3:  | Sign Below  |                      |   |  |
|          | penalty of perjury, I declare the all property that is subject to a | -                    | out any property of my estate that secures a debt and |  |
|          | bnam Baig<br>m Baig, Debtor 1                                       | X Signature of Debto | r 2   |  |
| _        | 1/30/2022<br>MM / DD / YYYY   | Date MM / DD / Y     | <del>YYY</del>  |  |

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 56 of 64

B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY NEWARK DIVISION

| In | re Shabnam Baig   | Case No.                     |                                 |
|----|---|------------------------------|---------------------------------|
|    |   | Chapter                      | 7                               |
|    | DISCLOSURE OF COMPENSATION O  | F ATTORNEY FOR               | DEBTOR                          |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in cor is as follows: | petition in bankruptcy, or a | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept   | \$1                          | ,500.00                         |
|    | Prior to the filing of this statement I have received   | \$1                          | ,500.00                         |
|    | Balance Due   |                              | \$0.00                          |
| 2. | The source of the compensation paid to me was:  |                              |                                 |
|    | ☑ Debtor ☐ Other (specify)  |                              |                                 |
| 3. | The source of compensation to be paid to me is:   |                              |                                 |
|    | ☑ Debtor ☐ Other (specify)  |                              |                                 |
| 4. | ☑ I have not agreed to share the above-disclosed compensation was associates of my law firm.  | vith any other person unle   | ss they are members and         |
|    | I have agreed to share the above-disclosed compensation with associates of my law firm. A copy of the agreement, together wit compensation, is attached.  |                              |                                 |
| 5. | In return for the above-disclosed fee, I have agreed to render legal s  | ervice for all aspects of th | e bankruptcy case, including:   |
|    | a. Analysis of the debtor's financial situation, and rendering advice to bankruptcy;  | o the debtor in determining  | g whether to file a petition in |
|    | b. Preparation and filing of any petition, schedules, statements of aff   | fairs and plan which may b   | pe required;                    |
|    | c. Representation of the debtor at the meeting of creditors and confi   | rmation hearing, and any     | adjourned hearings thereof;     |

### Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 57 of 64

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/30/2022 /s/ Ryan Gentile

Date

Ryan Gentile
Law Offices of Gus Michael Farinella, PC
110 Jericho Turnpike
Suite 100
Floral Park, NY 11001

Bar No. RG0835

Phone: (212) 675-6161 / Fax: (212) 675-4367

Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 58 of 64

# UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY NEWARK DIVISION

IN RE: Shabnam Baig CASE NO

CHAPTER 7

### **VERIFICATION OF CREDITOR MATRIX**

| Th       | he above named | Debtor hereby | verifies that th | e attached list o | of creditors is | true and correct | to the best of | his/hei |
|----------|----------------|---------------|------------------|-------------------|-----------------|------------------|----------------|---------|
| knowledo | ge.            |               |                  |                   |                 |                  |                |         |
|          |                |               |                  |                   |                 |                  |                |         |

| Date | 11/30/2022 | Signature | /s/ Shabnam Baig<br>Shabnam Baig |
|------|------------|-----------|----------------------------------|
| Date |            | Signature |                                  |

Allstate Payments 1501 N Plano Rd Suite 100 Richardson, Tx 75081

Amex

Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998

Biny A. Baig 22 East 4th Street Bayonne, NJ 07002

Cavalry Portfolio Services Attn: Bankruptcy 500 Summit Lake Drive, Suite 400 Vahalla, NY 10595

CFNA/Credit First Natl Assoc Attn: Bankruptcy PO Box 81315 Cleveland, OH 44181

Citibank North America Citibank SD MC 425 5800 South Corp Place Sioux Falls, SD 57108

Cws/cw Nexus 101 Crossways Park Dr W Woodbury, NY 11797

Eos Cca Attn: Bankruptcy P.O. Box 329 Norwell, MA 02061

KML Law Group PC 701 Market Street - Suite 5000 Philadelphia, PA 19106 Leopold & Associates, PLLC 80 Business Park Drive - Suite 110 Armonk, NY 10504

Midland Credit Management, Inc. 320 E Big Beaver Rd, # 300 Troy, MI 4808

Midnight Velvet Attn: Bankruptcy 1112 7th Avenue Monroe, WI 53566

ORIX REAL ESTATE CAPITAL INC. 1717 Main Street - Suite 900 Dallas, TX 75201

Portfolio Recovery Associates, LLC Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502

Resurgent Capital Services Attn: Bankruptcy PO Box 10497 Greenville, SC 29603

RTLF-NJ-LLC PO Box 8401 Carol Stream, IL 60197-8401

Select Portfolio Servicing, Inc. PO Box 65250 Salt Lake City, UT 84165-0250

Syncb/walmart

TD Bank, N.A.
Attn: Bankruptcy
32 Chestnut Street PO Box 1377
Lewiston, ME 04243

TFS Cust for FIG CAP INV NJ13, LLC PO Box 54472 New Orleans, LA 70154

Trinity Financial Services LLC 1061 Bomar Ct Mars, PA 16046

TRINITY FINANCIAL SERVICES, LLC 4521 PGA BLVD., #295
PALM BEACH GARDENS, FL 33418

US Bank as Cust for PFS Finl 1, LLC 60 South 16th Street - Suite 2050 Philadelphia, PA 19102

Verizon Wireless Bankruptcy Administrati 500 Technology Drive Suite 550 Weldon Spring, MO 63304

| Fill in this in                            | nformation to i   | dentify your case  | e:  |   | box only as dired<br>n Form 122A-1Su                                       |                                  |  |
|--|---|--|---|---|--|----------------------------------|--|
| Debtor 1                                   | Shabnam<br>First Name   | Middle Name  | Baig<br>Last Name   | _   |  |                                  |  |
| D. I                                       | riistivame  | Middle Name  | Lastivallie   |   | no presumption of abus   |                                  |  |
| Debtor 2<br>(Spouse, if filin              | g) First Name   | Middle Name  | Last Name   | of abuse  | ulation to determine if a applies will be made ur                          | nder Chapter 7                   |  |
| United States E                            | 3ankruptcy Court fo   | or the: <b>DISTRICT OF</b>   | NEW JERSEY  | - 11  | est Calculation (Official  |                                  |  |
| Case number (if known)                     |   |  |   | 3. The Means Test does not apply now becaus of qualified military service but it could apply later. |  |                                  |  |
|  |   |  |   | Check if th   | nis is an amended filing   | <br>J                            |  |
| Official For                               | m 122A-1  |  |   |   |  |                                  |  |
|  |   | f Your Curren  | t Monthly Income  |   |  | 12/ <sup>-</sup>                 |  |
| Jiiaptoi 7                                 |   | Trour Garren   | t monany moonie   |   |  |                                  |  |
| 122A-1Supp) wi                             | th this form.   | Current Monthly  | ption from Presumption of A   | ibuse Olidel § 707(i  | one in the second  |                                  |  |
| . What is you                              | ur marital and filin  | g status? Check one  | only.   |   |  |                                  |  |
| ☐ Not ma                                   | Not married. Fill out Column A, lines 2-11.   |  |   |   |  |                                  |  |
| —  | Manifed and very an even in filling with very Fill and hath Columns A and D. Barre 0.44   |  |   |   |  |                                  |  |
| —  |   |  |   |   |  |                                  |  |
| <b>☑</b> Li                                |   |  |   |   |  |                                  |  |
| de   | eclare under penalt   | y of perjury that you a  | ed. Fill out Column A, lines 2-<br>and your spouse are legally se<br>ns that do not include evading   | parated under nonba   | ankruptcy law that appli   | es or that you                   |  |
| bankruptcy<br>August 31.<br>in the result  | r case. 11 U.S.C.: If the amount of your conditions are the conditions of the case of the | § 101(10A). For example, For ex | ved from all sources, derive<br>mple, if you are filing on Septe<br>aried during the 6 months, add<br>are than once. For example, if<br>a have nothing to report for an | mber 15, the 6-mont<br>the income for all 6<br>both spouses own the                                 | h period would be Marc<br>months and divide the<br>ne same rental property | ch 1 through<br>total by 6. Fill |  |
|  |   |  |   | Column A  Debtor 1  | Column B  Debtor 2 or non-filing spouse                                    |                                  |  |
| _  | s wages, salary, tip<br>payroll deductions).  | os, bonuses, overtim   | e, and commissions  | \$0.00  | \$0.00   |                                  |  |
| B. Alimony an                              | •   | nyments. Do not inclu  | ude payments from a spouse  | \$0.00  | \$0.00   |                                  |  |
| expenses of<br>regular cont<br>your depend | of you or your deportance of you or your deportance of your deportance of your deports, and   | nmarried partner, mer roommates. Include   | r paid for household<br>child support. Include<br>mbers of your household,<br>regular contributions from<br>clude payments you listed                                   | \$0.00  | \$0.00   |                                  |  |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 63 of 64

| Deb   | otor 1 Shabnam Baig   |                    |            | c        | ase number (if kr  | nown)                                   |  |
|---|---|--------------------|------------|----------|--------------------|---|--|
|   |   |                    |            |          | Column A  Debtor 1 | Column B  Debtor 2 or non-filing spouse |  |
| 5.  | Net income from operating a busine  | ess, profession, o | r farm     |          |                    |   |  |
|   |   | Debtor 1           | Debtor 2   |          |                    |   |  |
|   | Gross receipts (before all deductions)  | \$0.00             | \$8,000.00 |          |                    |   |  |
|   | Ordinary and necessary operating — expenses                                   | \$0.00             | \$4,900.00 | Сору     |                    |   |  |
|   | Net monthly income from a business, profession, or farm                       | \$0.00             | \$3,100.00 | here →   | \$0.00             | \$3,100.00                              |  |
| 6.  | Net income from rental and other re   | eal property       |            |          |                    |   |  |
|   |   | Debtor 1           | Debtor 2   |          |                    |   |  |
|   | Gross receipts (before all deductions)  | \$0.00             | \$1,650.00 |          |                    |   |  |
|   | Ordinary and necessary operating — expenses                                   | \$0.00             | \$0.00     | Сору     |                    |   |  |
|   | Net monthly income from rental or other real property                         | \$0.00             | \$1,650.00 | here →   | \$0.00             | \$1,650.00                              |  |
| 7.  | Interest, dividends, and royalties  |                    |            |          | \$0.00             | \$0.00                                  |  |
| 8.  | Unemployment compensation   |                    |            |          | \$0.00             | \$0.00                                  |  |
|   | Do not enter the amount if you content benefit under the Social Security Act. |                    |            |          |                    |   |  |
|   | For you   |                    | 50.0       | 00       |                    |   |  |
|   | For your spouse   |                    | \$0.0      | 00       |                    |   |  |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. |   |                    |            |          | \$0.00             | \$827.00                                |  |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.   |   |                    |            | ct;<br>r |                    |   |  |
|   | Total amounts from separate pages, i  | f any.             |            | +        |                    | +                                       |  |

# Case 22-19465-VFP Doc 1 Filed 11/30/22 Entered 11/30/22 11:23:14 Desc Main Document Page 64 of 64

| Deb   | tor 1 Shabnam Baig   |                                    | Case number (if known)   |  |  |
|---|--|------------------------------------|--|--|--|
|   | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to th |                                    | Column A Debtor 1 Debtor 2 or non-filling spouse  \$0.00  + \$5,577.00  Total current monthly income |  |  |
| 12. Calculate your current monthly income for the year. Follow these steps: |  |                                    |  |  |  |
|   |  |                                    |  |  |  |
|   | Multiply by 12 (the number of months in a ye   | ear).                              | X 12   |  |  |
|   | 12b. The result is your annual income for this par   | 12b. <b>\$66,924.00</b>            |  |  |  |
| 13.   | Calculate the median family income that applies  | s to you. Follow these steps:      |  |  |  |
|   | Fill in the state in which you live.   | New Jersey                         |  |  |  |
|   | Fill in the number of people in your household.  | 5                                  |  |  |  |
|   | Fill in the median family income for your state and size of household.   |                                    |  |  |  |
|   | To find a list of applicable median income amounts instructions for this form. This list may also be available.  |                                    | •  |  |  |
| 14.   | How do the lines compare?  |                                    |  |  |  |
|   | 14a. Line 12b is less than or equal to line 13 Go to Part 3. Do NOT fill out or file Offi  |                                    | ox 1, There is no presumption of abuse.  |  |  |
|   | 14b. Line 12b is more than line 13. On the t<br>Go to Part 3 and fill out Form 122A-2.   | top of page 1, check box 2, The    | presumption of abuse is determined by Form 122A-2.   |  |  |
| P   | art 3: Sign Below  |                                    |  |  |  |
|   |  |                                    |  |  |  |
|   | By signing nere, i declare under penalty of perjury  | y that the information on this sta | tement and in any attachments is true and correct.   |  |  |
|   | χ /s/ Shabnam Baig   | v                                  |  |  |  |
|   | Shabnam Baig, Debtor 1   | <b>X</b><br>Signa                  | iture of Debtor 2  |  |  |
|   | Date <b>11/30/2022</b>   | Date                               |  |  |  |
|   | MM / DD / YYYY   | •                                  | MM / DD / YYYY   |  |  |
|   | If you checked line 14a, do NOT fill out or file For   | rm 122A-2.                         |  |  |  |

If you checked line 14b, fill out Form 122A-2 and file it with this form.